



Elder abuse

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Key facts

- Around 1 in 6 people 60 years and older experienced some form of abuse in community settings during the past year.
- Rates of elder abuse are high in institutions such as nursing homes and long-term care facilities, with 2 in 3 staff reporting that they have committed abuse in the past year.
- Rates of elder abuse have increased during the COVID-19 pandemic.
- Elder abuse can lead to serious physical injuries and long-term psychological consequences.
- Elder abuse is predicted to increase as many countries are experiencing rapidly ageing populations.
- The global population of people aged 60 years and older will more than double, from 900 million in 2015 to about 2 billion in 2050.

Overview

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

Scope of the problem

Elder abuse is an important public health problem. A 2017 review of 52 studies in 28 countries from diverse regions estimated that over the past year 1 in 6 people (15.7%) aged 60 years and older were subjected to some form of abuse (1). Although rigorous data are limited, the review provides prevalence estimates of the proportion of older people affected by different types of abuse (see Table 1).

Data on the extent of the problem in institutions such as hospitals, nursing homes and other long-term care facilities are scarce. However, a review of recent studies on elder abuse in institutional settings (2) indicates that 64.2% of staff reported perpetrating some form of abuse in the past year.

Table 1: Systematic reviews and meta-analyses

	Elder abuse in community settings (1)	Elder abuse in institutional settings (2)	
Type of abuse	Reported by older adults	Reported by older adults and their proxies	Reported by staff
Overall prevalence	15.7%	Not enough data	64.2% or 2 in 3 staff
Psychological abuse:	11.6%	33.4%	32.5%
Physical abuse:	2.6%	14.1%	9.3%
Financial abuse:	6.8%	13.8%	Not enough data

Neglect:	4.2%	11.6%	12.0%
Sexual abuse:	0.9%	1.9%	0.7%

Emerging evidence indicates that the prevalence of elder abuse in both the community and in institutions have increased during the COVID-19 pandemic. A US study, for instance, suggests that rates in the community may have increased by as much as 84% (3).

- Elder abuse in community settings
- Elder abuse in institutional settings

Globally, the number of cases of elder abuse is projected to increase as many countries have rapidly ageing populations. Even if the proportion of elder abuse victims remains constant, the global number of victims will increase rapidly due to population ageing, growing to some 320 million victims by 2050, as the global population of people aged 60 years and more increases to 2 billion by 2050.

Consequences

Elder abuse can have serious physical and mental health, financial, and social consequences, including, for instance, physical injuries, premature mortality, depression, cognitive decline, financial devastation and placement in nursing homes. For older people, the consequences of abuse can be especially serious and recovery may take longer (4).

Risk factors

Individual level characteristics which increase the risk of becoming a victim of abuse include functional dependence/disability, poor physical health, cognitive impairment, poor mental health and low income. Individual level characteristics which increase the risk of becoming a perpetrator of abuse include mental illness, substance abuse and dependency – often financial – of the abuser on the victim. At the relationship level, the type of relationship (e.g., spouse/partner or child/parent) and marital status may be associated with an elevated risk of abuse, but these factors vary by country and region. Community- and societal-level factors linked to elder abuse may include ageism against older people and certain cultural norms (e.g., normalization of violence). Social support and living alone reduce the likelihood of elder abuse (5).

Prevention

Many strategies have been tried to prevent and respond to elder abuse, but evidence for the effectiveness of most of these interventions is limited at present. Strategies considered most promising include caregiver interventions, which provide services to relieve the burden of caregiving; money management programmes for older adults vulnerable to financial exploitation; helplines and emergency shelters; and multi-disciplinary teams, as the responses required often cut across many systems, including criminal justice, health care, mental health care, adults protective services and long-term care (5).

In some countries, the health sector has taken a leading role in raising public concern about elder abuse, while in others the social welfare sector has taken the lead. Globally, too little is known about elder abuse and how to prevent it, particularly in developing countries.

WHO response

In line with WHO's *Global strategy and action plan on ageing and health* and the UN Decade of Healthy Ageing (2021–2030), WHO and partners collaborate to prevent elder abuse through initiatives that help to identify, quantify, and respond to the problem, including:

- synthesizing evidence on the prevalence, consequences, determinants and interventions to prevent and respond to elder abuse, particularly in low- and middle-income countries where data are limited;
- disseminating information to countries and supporting national efforts to prevent elder abuse; and
- collaborating with international agencies and organizations to deter the problem globally.

(1) Elder abuse prevalence in community settings: a systematic review and meta-analysis.

Yon Y, Mikton CR, Gassoumis ZD, Wilber KH. *Lancet Glob Health*. 2017 Feb;5(2):e147-e156.

<https://www.ncbi.nlm.nih.gov/pubmed/28104184>

(2) The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis.

Yon Y, Ramiro-Gonzalez M, Mikton C, Huber M, Sethi D. *European Journal of Public Health* 2018.

<https://www.ncbi.nlm.nih.gov/pubmed/29878101>

(3) High prevalence of elder abuse during the COVID-19 pandemic: risk and resilience factors.

Chang ES, Levy BR. *The American Journal of Geriatric Psychiatry*. 2021.

<https://pubmed.ncbi.nlm.nih.gov/33518464/>

(4) The mortality of elder mistreatment.

Lachs MS, Williams CS, O'Brien S, Pillemer KA, Charlson ME. JAMA. 1998 Aug 5;280(5):428-32.

<https://www.ncbi.nlm.nih.gov/pubmed/9701077>

(5) Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. Pillmer K, Burnes D, Riffin C, Lachs M. The Gerontologist. 2016; 56(2); 194-205.

<https://pubmed.ncbi.nlm.nih.gov/26994260/>

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