

## ELDER ABUSE IN NIGERIA: NO LONGER A PROBLEM OF EXCLUSION IN SOCIAL GERONTOLOGY

**Nnachi Amos Imo**

Ebonyi State University, Abakaliki

### **Abstract**

As the elderly become physically and mentally frail, they are exposed to different forms of abuse which they cannot stand up to. Most developed countries have enacted legislations to protect the elderly against all forms of abuse, whereas in Nigeria elder abuse persists unofficially acknowledged. This survey, conducted in Ebonyi state, used in-dept interviews and focus group discussions to study the nature of elder abuse in Nigeria, its prevalence and risk factors. Participants were 36 elders aged between 65 and 98 years interviewed in their places of residence, and 54 elderly engaged in 6 focus group discussions. Findings reveal that neglect, physical abuse, emotional/psychological abuse, financial abuse, sexual abuse, institutional abuse, healthcare fraud and abuse, and abandonment are the different forms of elder abuse in Nigeria. In conclusion, it is recommended that among other measures, federal and state governments should enact legislations to define elder abuse and protect the elderly against all forms of abuse.

**Key Words:** Elder, Elder Abuse, No Longer, problem, Exclusion, Social Gerontology

### **Introduction**

With due acknowledgment of the obvious diversity among the elderly, age at last takes its toll on all humans. As the elderly become more physically frail, they are less able to stand up to bullying or to fight back if attacked or molested, their sight or hearing and capacity for coordinated reasoning may be impaired. These leave opening for unscrupulous people or frustrated care-givers to take advantage of them. Furthermore, mental or physical ailments may make them more trying companion for people who live with them resulting to different forms of abuse. Such harm elders suffer in the hands of people who should be care-givers has come to be known as elder abuse.

The problem of elder abuse is an issue that has not received much acknowledgement in Nigeria. However, the fact is that abuse occurs throughout the life circle. Another fact is that even in developed societies, the problem of elder abuse has only recently been acknowledged. In the United States of America for example, the federal definition of elder abuse first appeared in the 1987 amendment to the Older Americans Act. All 50 states have now enacted legislation to authorize Adult Protective Service (APS) to address the abuse of elders who are vulnerable or who have disabilities (Dubois & Miley, 2010). Although, the majority of states in the United States do make reporting elder abuse mandatory, only some have specific penalties for noncompliance (National Centre on Elder Abuse (NECA), 2003). Many other developed western

countries have long acknowledged elder abuse as a social problem and have taken some measures to challenge such abuse.

In Nigeria, and most other African countries, and indeed in most other developing societies, elder abuse is a problem that has remained a diagnosis of exclusion in gerontological discourse. Yet abuse of the elderly is pervasive in the Nigerian society. Abuse in Nigeria, as in other countries, occurs throughout the life circle. Physical abuse has led to the death or serious ill-health of many older adults in most parts of the country. Neglect is a common cause of shortened life span in Nigeria and most other developing countries. Many elders are subjected to many kinds of abuse, including emotional abuse which compels elders to prefer isolated lifestyle. The fact is that elder abuse in Nigeria is a wide issue. In 2002, the work of the World Health Organization brought international attention to the issue of elder abuse (Cook-Daniels, 2003). Over the years, government agencies and community professional groups, worldwide, have specified elder abuse as a social problem (Rinkler, 2009). In spite of all these, the problem of elder abuse has lightly been acknowledged in Nigeria.

There is no legislation in Nigeria that defines elder abuse and authorizes adult protective services to address the abuse of adults who are vulnerable or who have disabilities. Yet elder abuse occurs in Nigeria as in the developed world. Not much has been done to investigate the prevalence of this problem in Nigeria. The elders themselves are not taking any affirmative action to contend for legal protection against their abuse. This research work therefore has the aim of investigating the nature and prevalence of elder abuse in Nigeria using Ebonyi State as the study area.

### **Theoretical Orientation**

**Disengagement Theory** The disengagement theory was developed by Cumming and Henry in 1961 to explain how ageing is viewed as a gradual, beneficial and mutual withdrawal of the aged and society from one another. As older people inevitably give up some of the roles they have filled - as paid workers, for example - society replaces them with younger, more energetic people. Both groups benefit: the aged shed the pressure of stressful roles, and the young find their own place in society. Society is less disrupted, since the elderly relinquish these roles for the next generation (Cumming & Henry, 1961; Neugarten & Weinstein, 1964). Disengagement theory assumes that the life course follows a normative sequence of age synchronization that determines the appropriate age for life activities. It also emphasizes role loss (Cox, 2000).

This theory is relevant in explaining elder abuse. The elderly lose their source of influence and power and are exposed to abuse by younger ones. It has been criticized as rocking chair approach to ageing. It is also seen as a blueprint for the elderly to follow to their graves. Disengagement explains the implication of retirement of the aged which limits their source of income. As they lose these sources of power and income they are exposed to many forms of abuse by relations and institutions.

**Social Exchanged Theory** This theory was developed by Dowd in 1975 to explain that social interactions between two or more people and that these exchanges can have both rewards and costs (Dowd, 1975). The costs incurred in social exchange may include unpleasant experience during the course of social exchange, especially if the exchange is with someone who is not

really interested in your welfare. This theory explains why relations: Children, spouse, grandchildren paid caregivers, institutions, and neighbours subject the elderly to unfair abuses.

Social exchange theory maintains that individuals continue to interact only as long as the rewards in an exchange are perceived to be greater than the costs. In reality, the elder perceive the rewards they get from abusers as being greater than the abuses which explains why they remain in the abusive relationship and most time do not report abuse.

### **Objectives of the Study**

The general objective of this study is to investigate the nature of elder abuse in Nigeria. The following are the specific objectives:

- (a) To define elder abuse
- (b) To ascertain the degree of occurrence of elder abuse in view of knowing which occurs more than others?
- (c) To find out where elder abuse occurs.
- (d) To understand the risk factors for elder abuse
- (e) To recommend ways of preventing elder abuse.

### **Definition of Elder Abuse**

Elder abused is a general term used to describe certain types of harm to older adults. The following terms can also be used in place of elder abuse: Elder mistreatment, senior abuse, abuse in later life and abuse of older adults. According to Wolf (2000) "elder abuse is an all-inclusive term representing all types of mistreatment or abusive behaviour toward older adults," including abusive, neglectful, or exploitative behaviour. Action for Elder Abuse in the United Kingdom defined elder abuse as "a single, or repeated acts, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which cause harm or distress to an older person." (DuBois & Miley, 2010). This definition put forward by Action for Elder Abuse in the United Kingdom has been adopted by the world Health Organization.

The core feature of the definition given by Action for Elder Abuse in the United Kingdom and adopted by the World Health Organization is that it focuses on harms where there is expectation of trust of the elderly person toward their abuser. The implication is that it includes harms by people the older person knows or with whom they have a relationship, such as spouse, partner or family member, a friend or neighbour, or people that the older person relies on for service. Many forms of abuse are recognized as types of domestic violence. According to the Department of Health and Human Services (2009), the term does not include general criminal activity against the elderly, such as home break ins, mugging in the street or distraction burglary, where a stranger distracts an older person at the doorstep while another person enters the property to steal. Elder abuse refers to any conscious, intentional, or negligent act by a caregiver, child, relation or any other person that causes harm or a risk of harm to a vulnerable elderly. It is also defined as doing something or failing to do something that results in harm to an elderly person or puts a helpless elderly person at risk of harm.

## **Literature Review**

Writing on the occurrence for elder abuse, Dubois and Miley (2010) contend that though abuse occurs throughout the life circle, the problem of elder abuse has only recently been acknowledged. It was in 1987 that the United States of America had a federal definition of elder abuse (Dubois & Miley, 2010). The National Centre on Elder Abuse (NECA) (2003) writes that all 50 states in the US have now enacted legislation that authorized adult protective services to address the abuse of adults who are vulnerable or who have disability. According to Teaster, Dugar, Mendiolo, Abner, & Cecil (2006), recent national survey figures in the US indicates 565,747 reports of elder abuses in 2004 representing a 19.7 per cent increase from the 472,813 reports in 2000. Continuing on the prevalence, Robinson, Benedictis and Segal (2012) wrote that tens of thousands of elders across the United States are being abused: harmed in some substantial way often by people who are directly responsible for their care.

Writing on the dynamics of elder abuse, Dubois and Miley (2006) posit that elders are abused by family members and life partners. Teaster et al (2006) add that elder abuse tends to take place where the elder lives: most often in the home where the abuser is apt to be adult children; other family members such as grand children; or spouse/partner of elders. Another source of abuse according to Teaster et al (2006) is institutional settings, especially, long-term care facilities. Common abusers of older people, according to Department of Health and Human Services (2009), are spouse, partner, relative, a friend or neighbour, a volunteer worker, a paid worker, practitioner, solicitor, or any other individual with the intent to deprive vulnerable elderly of their resources. The author goes further to explain that relatives include adult children and their spouses or partners, their offspring and other extended family members. Children and living relatives who have a history of substance abuse or have had other life troubles are of particular concern. Teaster et al (2012) add that institutions that are meant to provide care also are major abuser of the elderly. Still on the dynamics of elder abuse Teaster et al (2012) and Dubois and Miley (2010), show that according to a recent survey by the APS majority of perpetrators are family members – spouses (11.3 percent) or adult children (32.6 percent), or other family members (21.5 percent). Family members who are primary care-givers may inflict harm on elderly charges as a result of stress and frustration. They may feel burdened by care-giving responsibilities that they neither wanted nor expected (Brandl, 2000). Although care-givers stress may play some role in elder abuse, the dynamics like other forms of family violence, are often rooted in a need to gain and maintain control over the older or dependent adult (Brandt, 2000). Dubois and Miley (2010) point out that frail and dependent older adults are vulnerable to abuse by family and non-family members who have behavioural problems or mental disorders as well as alcohol and drug addiction.

Teaster et al (2012), Dubois and Miley (2010), NCEA, (2003) and the Department of Health and Human Services (2009) identify the following as the different types of abuse of the elderly: neglect, physical abuse, psychological/emotional abuse, financial abuse, scam by strangers, sexual abuse, and institutional abuse. Some U.S states laws also recognize the following as elder abuse: right abuse, self-neglect, and abandonment (Nursing Home Abuse Laws, 2006). In response to the abuse of elders, in 2002, the work of the world Health organization brought international attention to the issue. In 2006 the international network for prevention of Elder Abuse (INPEA) designated June 15 as World Elder Abuse Awareness Day

(WEAAD) and an increasing number of events are held across the globe on this day to raise awareness of elder abuse and highlight ways to challenge such abuse (INPEA, 2007).

### **Methodology**

The design of the study was cross-sectional survey design. The choice of the design was to enable us investigate a large population by using relatively few member of the population. The study was carried out in Edda, Ezza South, Ebony Local Government Areas of Ebonyi State of Nigeria. Seventy (70) participants (34 males, 36 females) between the ages 65 and 98 years were interviewed in their places of residence. Participants were either living at home alone or with a spouse or with children or with grand children of school age. They participated on a voluntary basis recruited through personal contacts. Participants were made up of residents in urban and rural areas. Systematic random sampling and purposive sampling techniques were used in selecting the participants for the research.

In-dept interview was the major instrument used for the study. An interview guide was developed to investigate the nature of abuse in the nigerian society. The reason for use of unstructured interview was to elicit participants own assessment of abuse prior to discussing their views of types of abuse identified by literature. Structured interviews were also used to get primary data. Demographic data of respondents ranging from age to level of education were gotten. Participants were interviewed individually in their respective settings at a pre-arranged time suitable to both participants and interviewer. Content analysis was used to sort and categorize the data into various themes. Then being qualitative data thematic analysis was employed in the analysis of data. Quantitative data were analyzed using statistical package for the social sciences.

### **Findings**

Generally, the results show that although there are common themes of elder abuse across societies, there are obvious diversities in the manifestations of abuse: the degree of elder abuse generally depends on the history of the individual elder, culture of the people, the economic status of the elder and societal perceptions of older people within nations themselves. Findings show that abuse of elders takes many forms and as noted earlier, abuse depends on the personality of the individual elderly person. The research participants identified the following as the different types of abuse of the elderly prevailing in our society.

**Neglect:** Elder neglect manifests in the form of failure to fulfill care-taking obligations. It involves depriving an elderly person of food, clothing, comfort or essential medication, and depriving a person needed services to force certain kinds of actions, financial and otherwise. Neglect may be occasioned by care-givers or by self - self neglect. Neglect is the most pervasive abuse of the elderly in Nigeria.

**Physical Abuse:** Physical abuse is another type of abuse reported by respondents. Physical abuse includes physical assault such as hitting, shoving, restraining, confinement or inappropriate medication. Physical abuses reported also include assault or physical force that results in physical harm or impairment. Only about 18% reported being physically abused.

**Emotional/psychological Abuse:** The respondents show that emotional abuse occurs in the form of inflicting harm, emotional anguish, or pain through verbal or non-verbal actions. Most elderly female respondents reported shouting, swearing, frightening, or humiliating, ridiculing, constantly criticizing, accusation, blaming and general disrespect as common manifestations – This form of abuse is next to neglect in the order of occurrence.

**Financial Abuse:** This can be rightly called financial exploitation. Respondents, especially the illiterate respondents reported financial abuse as a major abuse of the elderly. Financial abuse manifests in many forms: a dubious care-giver misusing an elderly person's personal cheques/passbook or accounts, stealing cash, household goods, forging the elder's signature, engaging in identity theft or even changing the elders will to name the abuser as heir. It also includes investment fraud. Many elderly respondents reported being victims of financial abuse. It even affected poverty ridden rural dwellers.

**Sexual Abuse:** Not many elders reported being victims of sexual abuse. However some elders (about 11 percent) reported falling victim to sexual abuse. It involves sexual contact with an elderly person without the elder's consent. Such contact include physical sex act. Female victims also reported being deceived into sexual act through false promises of financial assistance or other favours.

**Institutional Abuse:** Institutional abuse was mainly reported by literate elder participants who retired from government paid employments. The elderly respondents reported that institutional abuse manifests in the failure of government to pay them their pensions when due, being subjected to grueling experiences in the process of accessing their pensions.

**Healthcare Fraud and Abuse:** the elderly respondents reported that they are actually abused by healthcare providers. Such abuse is perpetrated by unethical doctors, nurses, hospital personnel, and other professional care providers including pharmacists. Identified healthcare fraud and abuse include charging for health care services, getting kickbacks for referral or for prescribing certain drugs, undermedication or overmedication, recommending fraudulent remedies for illnesses or other medical conditions. This fraud and abuse were mainly reported by elders whose children pay for the drugs and services either in advance or in retrospect. They are made to pay much more than the real cost. Distrust of healthcare providers resulting from healthcare fraud and abuse significantly account for elderly's preference for traditional medication in rural areas.

**Abandonment:** In spite of filial constraints, participants reported that abandonment is another form of abuse suffered by elders. This manifests in the form of deserting dependent elders with the intent to abandon them or leave them unattended at a place for such a long time as may be likely to endanger their health or cause emotional pain. They reported that elder are abandoned by the caregiver in hospitals when the bill appears unmanageable. Elders also suffer abandonment in the hands of children who live abroad.

The findings also show that elders are abused by family caregivers, paid care-takers, family members and their spouse or life partners. Institutions charged with caring for the elderly were also found to be part of the abusers. Children are also reported to be serious abusers of the elderly. In the rural areas where grandchildren live with elderly grandparents, grandchildren were also identified as abusers of the elderly.

## Discussion

The first objective of the study was to determine the types of elder abuse that prevail in Nigeria. The respondents identified neglect, emotional abuse, physical abuse, financial abuse, health-care fraud and abuse, institutional abuse, abandonment, and sexual abuse as the different types of abuse that exist in Nigeria. The respondents reported that *neglect* was the most prevalent of the abuses (49.3%) Two type of neglect were identified – care-giver neglect and self neglect. Caregiver neglect constituted 29.3 percent, while self-neglect made up 20.0 percent. Neglect manifested in the form of intentional and unintentional neglect. Neglect is acted out by way of failure to provide the necessities of life for the elderly; failure of children and relations to provide food materials, clothing, adequate medication, adequate accommodation, money for social needs, and resident care-giver. This problem is being exacerbated by economic problems encountered by caregivers who are supposed to fulfill these obligations. Lack of resources to meet these responsibilities constitutes *passive or unintentional neglect*. Respondents reported that caregivers may be ignorant of the needs of the elderly and the elder are constrained by cultural expectations to make repeated demands on caregivers. The next aspect of neglect - self neglect – manifests in the elderly not caring about themselves. Thus, they do not care about their health, or their safety. The study also showed that while elderly women may be more disadvantaged than elderly men, they appear to be less neglected by caregivers, both children and relations.

*Emotional/psychological abuse* was the next most commonly reported type of abuse by the participant elders. Emotional /psychological abuse generally involves speaking or treating the elderly in ways that cause emotional pain or distress. Elderly women suffer emotional abuse more than elderly men. Verbal forms of emotional abuse include intimidation through yelling or threats. Care-givers may yell at or threaten the elderly of abandoning them or neglecting some responsibilities. Another form of verbal emotional abuse is humiliation or ridicule. Elderly women participants commonly reported being humiliated and ridiculed mostly by daughters-in-law who function as sandwich caregivers. The next verbal form of elder abuse was habitual blaming or scapegoating. One participant reported that her daughter-in-law blamed her husband's difficulties on her own (the elderly's) evil deeds. "You are a witch" "you have blocked the ways of your children". "It is the nemesis of your witchcraft that is tormenting you. That is why your sickness has refused to heal", an 82 year old reported being verbally abused by a daughter-in law. Non-verbal psychological abuses reported by respondents were isolating the elderly from friends, relations or activities, and blatant ignoring of the elderly person - not bothering about her own feelings.

*Physical abuse* was the next most commonly mentioned form of abuse by elders. Physical abuse is intentional use of force against an elderly person that results in physical pain,

injury, or impairment. Such abuse was reported by respondents who complained that caregivers take advantage of their drastically reduced physical force to inflict pain on them. Confinement was the most commonly identified physical abuse by the oldest old women. Many reported being treated as infants. Other common physical abuses identified by the research participants include physical assaults such as hitting, shoving and improper medication.

Participants also identified *financial abuse* as one of the abuses experienced by the elderly in Nigeria. This is known as financial exploitation. This abuse manifests in the form of illegal or unauthorized use of an elderly person's property, money, pension book or valuables. Elders reported that immediate caregivers, children and even grandchildren and relations use their belongings (clothing, jewelry, etc) without their authorization. They also reported that grandchildren also steal their cash and household valuables. Much of this money is sent to them by their sons and daughters. Another form of financial abuse experienced by the elderly was forgery of their signatures to access funds in the accounts. They also reported that caregivers falsely use their name to borrow money or beg for money or other materials. Theft and most other forms of financial abuse are mostly experienced by the elderly in the middle old or oldest old, and the illiterate among them. Since will is not common in traditional societies like Nigeria, elders in rural areas never mentioned changing the elder's will to name the abuser as heir. Other forms of financial abuse identified by the elderly include deprivation of money or eviction from own home which elder women experienced more. The elderly also mentioned being deceived into selling their land unintentionally.

*Healthcare* fraud was also identified as one of the abuses experienced by the elderly. This form of abuse was mainly reported by those in rural areas. The two major forms of healthcare fraud and abuse are doctors or healthcare providers not providing healthcare but charging for it, and overcharging or double-billing for medical care or services. According to the participants, these fraudulent healthcare providers send bills to their children abroad for service never provided. And when they provide the services, they overcharge or double-bill. Other forms of healthcare fraud and abuse mentioned by the respondents include getting kickbacks for referrals to the other providers or for prescribing certain drugs, overmedicating or undermedicating and recommending fraudulent remedies for illnesses or other medical conditions.

*Institutional abuse* was a type of abuse reported by the elderly who retired from government service. All the elderly respondents reported being abused in the process of getting their pension benefits. They even reported that some elders have died in the course of accessing their pensions.

Although, *sexual abuse* was identified as one of the abuses experienced by the elderly, the respondents agreed that its occurrence was rare. However, they said that when it occurred, women were the likely victims. *Abandonment* was also identified as one of the abuses suffered by elders. The participants reported that elderly people were abandoned in such places as hospital and in the home of unwilling caregivers. Abandonment was described as deserting dependent elderly persons with the intent to abandon them or leave them unattended to at a place for such a long time as may be injurious to or endanger their health or welfare.

The next objective of the study was to find out where elder abuse occurs. Overall, participants identified where they live as the place where abuse occurs. Most of the participants

reported that abuse takes place in the homes of the elderly. Here abuse is perpetrated by caregivers who are often adult children, or grandchildren, in-laws or trusted neighbours or spouse of elders. The next place identified by elders as place where abuse occurs is the home of married adult children. Here elders, especially, elderly women, reported that abusers are often daughters-in-law. They also reported that the most rampant form of abuse is emotional abuse. Inquiry was also made about institutional abuse. Respondents reported that only elders who retired from government employment suffer institutional abuse. Institutional abuse here manifests when retired elders try to access their pensions. Abuse here is severe as they are subjected to rigorous processes. Another place identified by respondents is the home of relatives. Here, abusers are relatives or children of relatives who did not know the elderly in their vibrant days.

The fourth objective of the study was to ascertain the risk factors for elder abuse. Observation revealed that it is difficult to take care of elders when he or she has many different needs. It is even difficult to be elderly when age brings with it disabilities, infirmities and dependence. Most spouses, adult children, relatives, in-laws and friends find satisfaction in taking care of elders. However, as the elder's health conditions, deteriorates, care giving can be thoroughly stressful. The stressful demands of caring for the elderly can bring about mental and physical health problems that may burn-out caregivers or make them impatient or unable to restrain from lashing out against elders in the process of care-giving. The risk factors for abuse identified among caregivers in the study are caregivers' lack of resilience, that is, inability to cope with stress; lack of support from other potential caregivers which leads to frustration, anger and ultimately abandonment; absence of motivation in terms of material and psychological reward. Depression and substance abuse are other risk factors identified in the study. Depression is common among caregivers, both paid caregivers and children. Substance abuse and intake of alcohol are common risk factors for elder abuse.

It is not only risk factors among the caregivers that led to elder abuse in Nigeria. Findings from the study show that several factors bothering on the elderly themselves influence whether they are at greater risk for abuse or not. Generally the *elderly's condition and history* are risk factors for abuse. The specific risk factors for abuse are: The intensity of an elder person's illness or dementia – when the elderly is critically ill, in some cases unable to walk across to the lavatory to ease herself, or unable to eat without assistance, in fact unable to do much without assistance – the caregiver is liable to vent her frustration in a way that amounts to abuse; social isolation is also a risk factor for abuse – this involves the elder and the caregiver being alone together almost all the time; another risk factor for elder abuse is the elder's past history in the home - if the elder was an abusive or unkind or cruel parent or relation, abuse may likely be a kind of reminder of her past life; some elderly ones have a tendency for verbal and physical aggression. In this case, abuse becomes a natural response to such behaviour. Elders with a history of domestic violence in the home tend to experience more abuse than those without such history.

#### **Factors that Inhibit reporting Elder Abuse**

Elder abuse is a social problem that has been largely neglected in Nigeria. Of course most other problems of the elderly have persisted unchallenged by either federal or state government. In

Nigeria, most services that exist to meet the needs of the elderly are provided by the informal sector. The problem of elder abuse is a unique problem. This is because elder abuse is perpetrated by the same informal sector that cares for the elderly. Elder abuse is largely a hidden problem and prone to be committed in the privacy of the elder person's home and mostly by his or her close family members. In Nigeria, both in Urban and rural areas, elder abuse victims are often unwilling to discuss their abuse for fear of other's knowledge of the attitude of the family members which all make effort to portray as being admirable.

Another reason why the elderly do not report their abusive circumstance is fear of loss of their social support especially if the perpetrator is their child or relation. Fear of being subjected to further abuse as a kind of retaliation by the exposed perpetrator is another reason for the elderly's unwillingness to discuss their abuse. Knowledge that other elders receive such abuse and keep quiet is a further inhibition to the elderly discussing their abuse.

It is however a common knowledge that elders are abused in Nigeria in spite of the barriers to reporting abuse by elders. Neighbours are a veritable source of knowledge of elder abuse. In traditional societies like Nigeria, neighbours know how "that elderly woman" is treated by her children, paid caregivers, relations, or in-laws. Neighbours also know when an unscrupulous medical practitioner is exploiting an elderly one unduly. Another source of knowledge of how elders are abused is through the elders themselves. In spite of every consideration, the elder still report their plight to their children, relations, or friends during intimate discussions.

### **Recommendations**

Elder abuse should no longer be a problem of exclusion in social gerontology in Nigeria. There should be a standard definition of elder abuse that should take cognizance of the traditionality and diversity of the Nigerian society. Such federal definition is needful if the federal government is to take action to challenge elder abuse in Nigeria and protect the elderly from the menace of unscrupulous persons including relations.

Following the federal definition of elder abuse, there should be legislations to protect elders and criminalize all forms of abuse of elders. The legislation should also clearly define elder abuse, determine eligibility for protective services and delineate provisions for mandatory reporting of abuses

An agency should be established to handle the affairs of the elderly. The agency should serve as a national resources center dedicated to the prevention of elder mistreatment. The agency should be granted a place in the Nigeria legal codes. Such agency should also be charged with developing policies aimed at empowering the elderly. The elderly can also get help from there.

Most importantly, community involvement in responding to elder abuse can contribute to elderly person's safety. Since Nigeria is made up of societies that already have traditional means of providing for elderly safety. Communities can develop enhanced programmes that are structured around meeting the needs of elderly persons. Such programmes can also include challenging elder abuse as a project.

Geriatric doctors, nurses and other medical personnel can play a vital role in assisting elder abuse victims. This can be achieved by increased reporting of abuse victims if an elderly

patient is observed to be suffering from abuse. Physicians and nurses can report such cases to the children of the victim or to law enforcement agents. Reasons for lack of proper reporting by physicians include a lack of current knowledge about elder abuse, concern about angering the abuser and ruining the relationship with the elderly patient, possible court appearances, lack of cooperation from elderly patients or families, and lack of time and reimbursement (Dong, 2005).

Training and engaging gerontological social workers to provide professional services for the elderly will go a long way in reducing the incidence of elder abuse in Nigeria. Professional gerontological social workers are trained to play the role of advocacy, broker, and teacher. They also work with other agencies to provide well-being for the elderly, engaging them will contribute to reducing elder abuse.

Other approaches to challenging elder abuse include public education and professional training for community professionals, including clergy; promotion of intergenerational understanding. Others include formation of multidisciplinary service teams, focus of services to the family support groups for caregivers and establishment of adult day care centers.

### **Conclusion**

The essence of this study is to bring the issue of elder abuse to the knowledge of the political institution and the entire society and to state that elder abuse should no longer be neglected or ignored. The United States of America and most European countries have taken actions to challenge elder abuse in order to ensure better life for the elderly. We propose that Nigeria should develop a federal definition of elder abuse in her legal code to enable effective challenge of elder abuse in the society.

### **References**

- Administration on Aging (1998). *The national elder abuse incidence study: final report*. [www.aoa.gov/abuse/report/default.html](http://www.aoa.gov/abuse/report/default.html)
- Cook-Daniels, L. (2003). 2003 is the year elder abuse hits the international state. *Victimization of the elderly and disabled*, 5, 65-76.
- Cox, H.G.(1990). Roles of aged individuals in post-industrial societies. *International Journal of Ageing and Human Development*, 30, 55-62.
- Cumming, E.M.& Henry, W. (1961). *Growing old: The process of disengagement*. New York: Basic Books.
- Department of Health and Human Services (2009). *Elder abuse*. Administration on Aging,
- Dong, X. (2005). "medical implications of elder abuse and neglect." *Clinic in Geriatric medicine*, 21, 295-313.
- Dowd, J.J. (1975). Ageing as exchange: A preface to theory. *Journal of Gerontology*, 30, 584-594.
- Dubois, B. & Miley, K. K. (2010). *Social work: profession an empowering*. Boston: pearsons.

- National Centre for Elder Abuse (2003). *State Elder Abuse laws*. Retrieved August 25, from [www. Elderabusecentre.org/default.cfm? P = State laws cfm](http://www.Elderabusecentre.org/default.cfm? P = State laws cfm).
- Neygarten, B.I. & Weinstein, K.K. (1964). The changing American grandparent, *Journal of Marriage and the Family*, 26, 199-204.
- Rinkler, A.G. (2009). Recognition and perception of elder abuse by hospital and hospital-based care providers. *Archives of Gerontology and Geriatrics*. 48, 110-115.
- Robinson, L. Benedictis, T. & Segal, J. (2012). *Elder abuse and neglect. Warning signs, risk factors, help. Help Guide*. 5 (2) 180-192.
- Teaster, P.B., Dugar, T.A. mendiondo, M.S. Abner, E. I., & Cecil, K. A. (2006). The 2004 survey of state adult protective services: Abuse of adults 60 years of age and older. *National adult protective services association*. Retrieved September 11,2006 from [www.elderabusecenter.org/pdf/2-14=06%20FINAL%2060+REPORT.pdf](http://www.elderabusecenter.org/pdf/2-14=06%20FINAL%2060+REPORT.pdf)
- Wolf, R. S. (2000). The nature and scope of elder abuse. *Generations*, 24 (11), 6-12.