

## Assessment Types of Mistreatment among Elderly Patients with Chronic Diseases

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### Abstract

**Background:** Mistreatment is prevalent grievance among senior citizens. **Aim of the study:** To assess types of mistreatment among elderly patients with chronic diseases. **Research design:** This study employed a descriptive research approach. **Setting:** The research was conducted in outpatient Al- Azhar University Hospital clinics. **Sample:** The overall size of the sample was 420 patients **Tools:** To gather information for this, three tools were used. The 1st instrument: Structured interview questionnaire for patients include personal characteristics and assessment of medical history, the 2nd tool: Hwalek – Sengstock Elder Abuse Screening Test, the 3rd tool: Geriatric Mistreatment Scale. **Results:** Showed that 44.5% of studies elderly patient had hypertension, and only 28.6%, 18.1% of them had diabetes and heart disease respectively. The majority of elderly patient were non abuse 85.7% and only 14.3% of them were abuse. **Conclusion:** The majority of elderly patient were non abuse and only one quarter of them were abuse. **Recommendations:** offering educational programs to help senior citizens learn more about types and risk factors of mistreatment especially among elderly with chronic disease. Family and caregiver

**Keywords:** *Assessment, Chronic diseases, Elderly patient, Mistreatment & Types.*

### Introduction

The primary organization for statistics and public mobilization released a statement on 9/2024 stating that the number of elderly people in Egypt, from 60 years of age or more will reach 9.3 million elderly people representing in 2024 8.8 Of the total population. (Central Agency for Public Mobilization & Statistics 2024)

In any relationship where trust is expected, mistreatment or elderly abuse is defined by the World Health Organization WHO, 2021 as any one-time or recurring act or failure to take necessary action that harms or distresses an older person. It encompasses neglect, emotional, psychological, sexual, and physical abuse. Research has indicated a strong correlation between elder maltreatment and age-related health changes, including multimorbidity, chronic illness, and functional impairments. (Sathya, et al., 2020).

Elder abuse affects 15.7% of people worldwide, with notable variations between nations. According to estimates, the prevalence of physical abuse is 2.6%, sexual abuse is 0.9%, psychological abuse is 11.6%, financial abuse is 6.8%, and neglect is 4.2%. (Yon,2017). Physical mistreatment is occur when an elderly individual experiences disease, discomfort, harm, malfunction, anguish, or death brought on by the willful application of physical force, which includes actions like striking, kicking, pushing, slapping, and burning. Any type of coerced or

unwanted sexual contact is considered sexual abuse. This could involve non-contact behaviors like sexual harassment or unwelcome sexual contact like penetration.

(Center of disease control and prevention, 2021).

Psychological or emotional abuse refers to either nonverbal or spoken behavior that causes suffering, mental suffering, anxiety, or anguish in an elderly person. Disrespect or humiliation, threats, both verbal and nonverbal, harassment, and social or geographic isolation are a few examples.

Neglect is when someone is basic needs are not met elderly person. These needs consist of clothing, food, water, shelter, personal hygiene, and basic healthcare. The unlawful, unapproved, or inappropriate use of an old person's funds, benefits, belongings, property, or assets for the advantage of someone other than the elderly person is known as economic abuse. (Center of disease control and prevention, 2021).

Risk factor for Elder mistreatment includes cognitive impairment (e.g. dementia), behavioral problem, functional dependency, stress poor health and frailty (pond, et al., 2019). Elder abuse can result in severe, occasionally permanent psychological effects like sadness and anxiety, as well as physical harm like small scratches and bruises to shattered bones and incapacitating injuries. Numerous cultural, familial, institutional, or caregiver-related factors might contribute to abuse. Seniors can live happy, fulfilling lives and improve their quality of life if they avoid the negative effects of aging by taking care of their health

and avoiding harassment and neglect. (WHO, 2021). Gerontological nurse play important role in prevention of elderly abuse Therefore, preventive interventions are advised to lessen elder abuse in households, communities, and other contexts. (Honarvar, 2020).

### Significance of study:

Elder abuse affects 15.7% of people worldwide, with notable variations between nations. Elder abuse is linked to increased mortality, psychological distress, depression, hospitalization, and decreased subjective well-being as a public health issue. (ChokkanathanS ,et al., 2018) Elder abuse is a serious problem that is becoming more prevalent among the elderly.

Study done in Dakahlia, Egypt about abuse of rural elders in Mansoura Districts, the results revealed that 46% of the studied elders were abused. The most frequent forms of abuse were negligence (40%) followed by psychological abuse (30.5%).(El-Khawaga,et al., 2021)

### Study aim:

To assess types of mistreatment among elderly patients with chronic diseases.

### Research questions:

- What is the prevalence of elder abuse?
- What is the most common type of elder abuse with chronic illnesses?

### Subjects and Method:

#### Research design:

This study employed a descriptive research approach.

#### Setting:

The study was conducted at Al-Azhar University Hospital's outpatient clinics, which comprised the cardiac, diabetic, hypertension, and kidney clinics. These clinics were the biggest in terms of the number of patients they received from both urban and rural areas at Assiut.

#### Sample:

The sample size was 382 and after adding 10% as non-response rate it will be raised up to 420.

#### Inclusion criteria:

The study has the following inclusion criteria:

1. The elderly patient with 60 years and more.
2. The elderly patient have one or more chronic diseases
3. Able to communicate and willing to participate in the study.

#### Exclusion criteria:

1. Elderly with physical disability
2. Elderly with cognitive impairment

**Study tools: Three tools were utilized to collect data for this study:**

**Tool (1): Structured interview questionnaire for patients:** It was created by the researcher following a review of various studies and relevant literature for data collecting. There are two Parts:

**Part (I):** It contained personal data about the age, gender, marital status, educational attainment of senior patients and income.

**Part (II):** It included assessment of medical background, including: type of persistent disease, duration, and medication used.

**Tool (2): Hwalek-Sengstock Elder Abuse Screening Examine (HS/EAST):** (Neal et al.,1991): Elder Abuse in Hwalek, Sengstock: (HS/EAST): was developed by Neal et al.,1991 to screen persons at high risk for abuse, is 15- Items . Items 1, 6, 12, and 14 receive answer of "no," item 4 receives answer of "someone else," and all other items receive answer of "yes."

**Tool (3): Scale of Geriatric Mistreatment (GMS):** was created in 2013 by Rosas-Carrasco and Giraldo-Rodriguez. to assess elder mistreatment. Does a 22-item test evaluate elder abuse in five different ways: (a) physical abuse, (b) Emotional or psychological abuse, (c) neglect, (d) financial abuse, and (e) sexual abuse? Each question has a "yes" or "no" response, with "yes" denoting one score (0=No=No abuse, 1=Yes=Abuse). A "yes" response to at least one question indicates that the person was mistreated. Each question seeks to determine whether there was any mistreatment within the previous 12 months. Either the scores for each subcategory of mistreatment can be calculated separately, or the scores for all 22 items can be added up to determine whether elder abuse is present or not. (Giraldo-Rodríguez & Rosas-Carrasco 2013)

#### Tools Validity:

Three experts in gerontological nursing conducted the tool's content validity assessment, looking at the tool's validity, completeness, and question clarity. Every idea and opinion was taken into account, reworded and sequence of some statements was carried out accordingly.

#### Tools Reliability:

To assess the tool's internal reliability, Chronbach's Alpha was employed. The hwalek- sengstock elder abuse screening test (HS/EAST) had a score of 0.741 and the Geriatric Mistreatment Scale was 0.762

### Methods

1. The director of Al-Azhar Hospital received an official letter of clearance from the dean of the nursing faculty. This letter described the nature and goal of the study and granted permission to conduct it.

2. To test the study instruments' clarity and completion time, a pilot research was conducted on 10% of the sample. Changes were made (if necessary) in response to the results. The study comprised the same subjects as the pilot study included.
3. The researcher was conducted the assessment of elderly at outpatients – clinics to determine elder at risk for abuse and neglect.

**Ethical considerations:**

- Ethics approval was obtained from the Ethics Committee of the College of Nursing, Assiut University, Egypt on Sunday, June 25, 2023, with reference number 1120230639.
- The study subjects were not in danger while the research was being conducted.
- Common ethical guidelines for clinical research were adhered during the investigation.
- After being informed about the nature and goal of the study, senior patients gave their informed consent to take part.
- Research participants were given the assurance that their data would not be utilized again without their consent.
- Anonymity and confidentiality were guaranteed.
- Research participants may withdraw from the study at any moment without providing a reason or refuse to participate.

**Field of work**

Data were gathered from the previous mentioned setting (Al-Azhar University Hospital's outpatient clinics,)for nine months between the beginning of the study in September 2023 and the conclusion of May 2024. The researcher spent four hours a day, five days a week, from 9 am till 1pm. The number which was interviewed was 6-7 elderly patients per day. Selected elderly patients, who fulfilled the criteria from the previously mentioned setting, were included. The purpose and nature of the study was explained to each participant, who agreed to participate in the study, and informed consent was obtained from them after they were assured about confidentiality and privacy of the information as it would be used only for the purpose of research. Each participant was individually interviewed in the in-patient and outpatient wards in order to collect the data. The average time taken for completing each questionnaire was around 30-40 minutes.

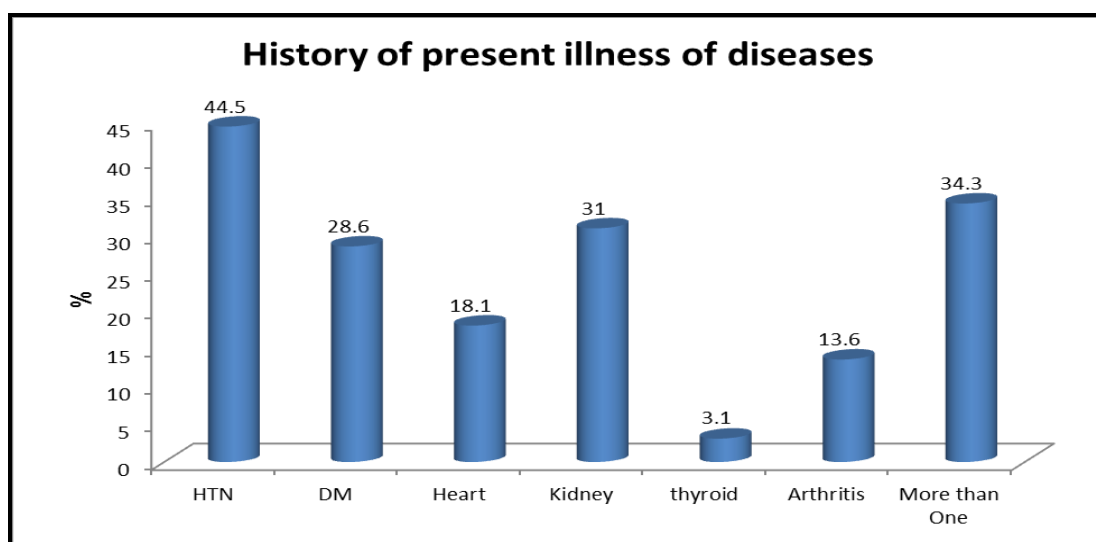
**Statistical analysis**

Before additional statistical analysis, the data were examined for homogeneity variances and normalcy using the Anderson-Darling test. Continuous variables were characterized by mean and standard deviation (Mean, SD), while categorical variables were described by number and percentage (N, %).Whereas the test and ANOVA test compare continuous variables, the chi-square test and Fisher exact test compare categorical variables. The association between scores is displayed using person correlation. A statistically significant result was defined as a two-tailed  $p < 0.05$ . The IBM SPSS 20.0 program was used for all analyses.

**Results**

**Table (1):Distribution of studies sample as regard personal data (n=420)**

Personal data	No	%
<b>Age group</b>		
From 60<65 year	176	41.9
From 65<70 year	83	19.8
More than 70 year	161	38.3
<b>Mean±SD(range)</b>	<b>70.30±9.05(60-94)</b>	
<b>Gender</b>		
Male	212	50.5
Female	208	49.5
<b>Marital status</b>		
Single	3	0.7
Married	224	53.3
Widower	121	28.8
Divorced	72	17.1
<b>Level of education for elderly</b>		
No read and write	140	33.3
Read and write	63	15.0
primary education	28	6.7
Prep education	25	6.0
Secondary	65	15.5
University	99	23.5
<b>Occupation history</b>		
House wife	163	38.8
Farmer	84	20.0
Employer	145	34.5
Others job	28	6.7
<b>Residence</b>		
Rural	251	59.8
Urban	169	40.2
<b>Living status</b>		
Alone	2	0.5



**Figure (1): History of present disease**

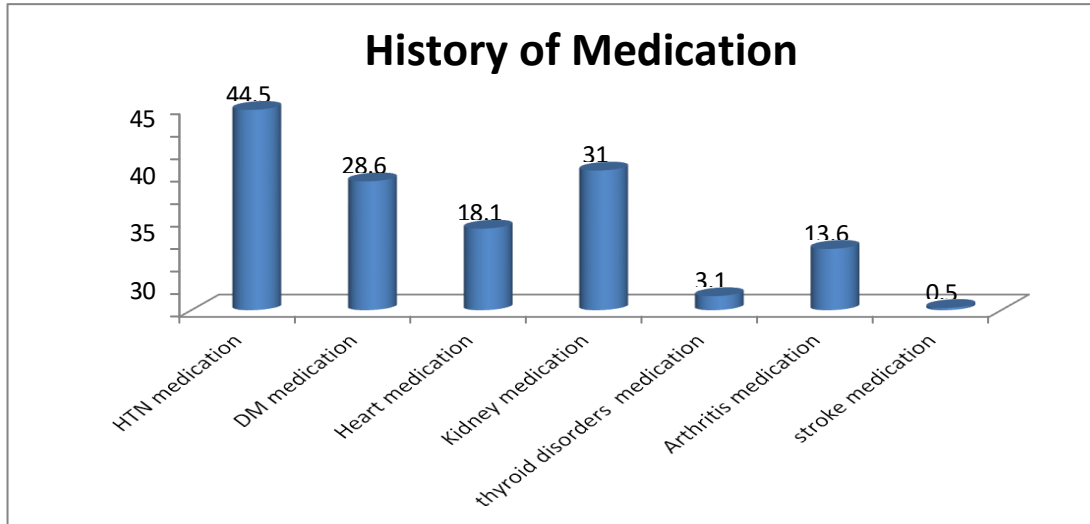


Figure (2): Distribution of medical history for study elderly patients (n=420)

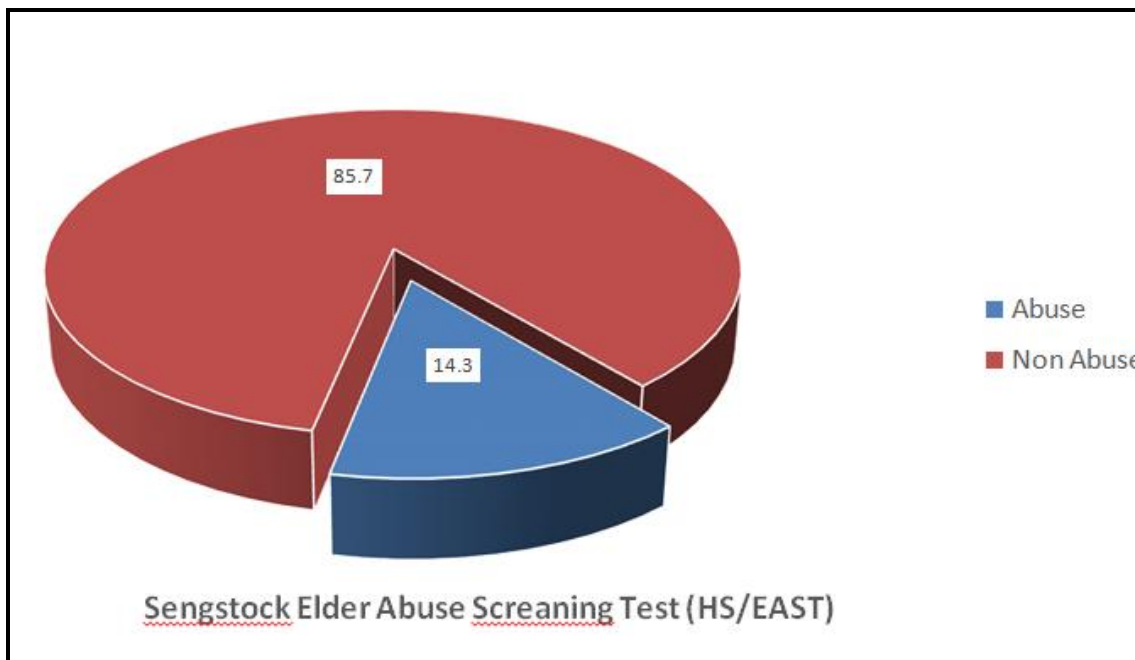


Figure (3): Prevalence Distribution of studied sample Sengstock Elder Abuse Screening Test (HS/EAST) (n=420)

Table (2): Distribution of mean and standard deviation of studied sample as regard Geriatric Mistreatment Scale (GMS) (n=420)

Descriptive Statistics	Max Score	Mean±SD	Range	Mean%
physical abuse	5	0.1±0.44	0-3	2.0
psychological or emotional abuse	6	0.85±0.82	0-4	14.2
Neglect	4	0.05±0.35	0-4	1.2
financial abuse	5	0.08±0.54	0-5	1.6
sexual abuse	1	0.03±0.16	0-1	2.6
Geriatric Mistreatment Scale (GMS)	21	1.1±1.58	0-10	5.3

**Table (3): Relationship between Sengstock Elder Abuse Screening Test (HS/EAST) With demographic data (n=420)**

	Abuse (n=60)		Non Abuse (n=360)		X2	P. value
	No	%	No	%		
<b>Age group</b>						
From 60<65 year	31	51.7	145	40.3	2.74	0.254
From 65<70 year	10	16.7	73	20.3		
More than 70 year	19	31.7	142	39.4		
<b>Gender</b>						
Male	11	18.3	201	55.8	28.93	0.000**
Female	49	81.7	159	44.2		
<b>Marital status</b>						
Single	0	0.0	3	0.8	35.77	0.000**
Married	12	20.0	212	58.9		
Widower	26	43.3	95	26.4		
Divorced	22	36.7	50	13.9		
<b>Level of education for elderly</b>						
No read and write	36	60.0	104	28.9	28.81	0.000**
Read and write	9	15.0	54	15.0		
primary education	3	5.0	25	6.9		
Prep education	4	6.7	21	5.8		
Secondary	6	10.0	59	16.4		
University	2	3.3	97	26.9		
<b>Occupation history</b>						
House wife	47	78.3	116	32.2	47.47	0.000**
Farmer	7	11.7	77	21.4		
Employer	6	10.0	139	38.6		
Others job	0	0.0	28	7.8		
<b>Residence</b>						
Rural	40	66.7	211	58.6	1.39	0.239
Urban	20	33.3	149	41.4		
<b>Living status</b>						
Alone	0	0.0	2	0.6	0.34	0.563
With other	60	100.0	358	99.4		
<b>Who is the caregiver of the elderly?</b>						
Wife or husband	12	20.0	204	56.7	34.33	0.000**
One of the children	37	61.7	94	26.1		
Wife of the son	11	18.3	62	17.2		

Chi square test for qualitative data between the two groups

\*Significant level at P value < 0.05,

\*\*Significant level at P value < 0.01

**Table (4): Correlation Co-efficient between Sengstock Elder Abuse Screening Test (HS/EAST) With Medical history (n=420)**

	Sengstock Elder Abuse Screening Test (HS/EAST)	
	R	P
Hypertention	0.023	0.631
HTN duration	.170*	0.020
Diabetes	0.047	0.333
DM duration	0.102	0.268
Heart	.121*	0.013
Heart duration	-0.106	0.364
Kidney	0.053	0.282
Kidney duration	-0.127	0.150
Thyroid	-0.045	0.359
Thyroid duration	-0.148	0.629
Arthritis	-.096*	0.048
Arthritis duration	0.196	0.143
More than One disease	.123*	0.012

\*Statistically Significant Correlation at P. value <0.05

\*\*Statistically Significant Correlation at P. value <0.01



**Table (1):** Displays the study participants' personal data of elderly patients. Regarding to gender, (50,5%) were male, with mean  $\pm$ SD(70.30 $\pm$ 9.05). Regarding marital status, (53,3%) of them was married. In terms of education, 33.3% of them were illiterate and 59.8% of the elderly patients in the study lived in rural areas.

**Figure (1):** Illustrate that 44.5% of studies elderly patient had hypertension, and 28.6%, 18.1% of them had diabetes and heart disease respectively.

**Figure (2):** This figure illustrate that 44.5% of studies elderly patient had hypertension medication. And only 28.6%, 18.1% of them had diabetes medication and heart medication respectively.

**Figure (3):** Illustrate that 85.7% of the elderly patient were non abuse and only 14.3% of them were abuse.

**Table (2):** Revealed mean and standard deviation of elderly patient according to geriatric mistreatment scale, It was noticed that mean  $\pm$  SD of physical abuse was (0.1 $\pm$ 0.44), while psychological or emotional abuse was (0.85  $\pm$ 0.82), neglect abuse was (0.05 $\pm$ 0.35), financial abuse was (0.08 $\pm$ 0.54) and sexual abuse was (0.03 $\pm$ 0.16).

**Table(3):** Demonstrated a statistically significant distinction existed between Sengstock Elder Abuse Screening Test (HS/EAST) with regard to gender, marital status, educational attainment, and occupation history and who is the caregiver of the elderly. P value (0.000\*\*). also there was non statistically significant difference between Sengstock Elder Abuse Screening Test (HS/EAST) With age group ,residence and living status. P value (0.254, 0.239, 0.563) respectively .

**Table (4):** Show a statistically significant difference was observed between **Sengstock Elder Abuse Screening Test (HS/EAST) With HTN** duration, heart, arthritis and more than one disease . No statistically significant distinction was found between **Sengstock Elder Abuse Screening Test (HS/EAST) With HTN, DM, DM duration, Heart duration, Kidney, Kidney duration, Thyroid, Thyroid duration, Arthritis duration.**

## Discussion

Anybody can be abused, regardless of their age, sex, race, religion, or ethnicity. Hundreds of thousands of seniors over 60 experience financial exploitation, neglect, or abuse every year refer to this mistreatment as elder abuse. (**National Institute on aging, 2023**)

Elder abuse can have major negative effects on a person's physical and mental health, finances, and social life. Some of these include physical harm, early death, depression, cognitive decline, financial ruin, and nursing facility placement. Abuse can have particularly severe effects on elderly adults, and rehabilitation may take longer. (**WHO, 2024**)

The purpose of this research is to evaluate types of mistreatment among senior citizens with chronic

diseases. The current investigation show that the mean age of the individual under study elderly 70.30 $\pm$  9.05. In addition to age related changes in body system. Males made up more than half of the senior patients in the study, this suggests a slight male predominance in the sample.

This result match with **Mwaheb et al., (2023)** who studied The prevalence and risk factors of elder abuse during the COVID-19 Pandemic in the Fayoum Governorate, Egypt and found that the mean age was 67.5  $\pm$  6.6 years old ranging between 60 and 88 years with about half who were female and about half who were male,

In the current research, one third of the elderly patients were no read and write. This highlights a potential educational disparity within the sample; which could impact health literacy and access to healthcare information. This demographic characteristic could influence access to healthcare services, social support systems, and overall health outcomes. This result match with **Mwaheb et al., (2023)** found that more than one third of the studied elders had illiterate.

According to the results of the current investigation, nearly half of the elderly patients in the study suffer from hypertension. This high prevalence suggests that hypertension is a significant health concern among this population, likely requiring ongoing management and monitoring this may cause burden on elderly and caregiver

As regard diabetes, over a quarter of the elderly patients have diabetes.. Effective management of diabetes in elderly patients is crucial to preserving their standard of living and avoiding severe health issues. Approximately one fifth of elderly patients have heart disease. This lower prevalence compared to hypertension and diabetes still highlights the importance of cardiovascular health in this age group. In contrast, **Leung et al. (2021)** found that less than half of participants had diabetes mellitus and the majority had coronary heart disease in their study

"Reexamining the classification of older adults with diabetes by comorbidities and exploring relationships with frailty, disability, and five year mortality."

Additionally, this study contradicts **Masyuko et al. (2021)** comprehensive review about patient-reported outcomes for the treatment of hypertension and diabetes in low- and middle-income nations. and reported in the study of patients' future expectations for diabetes and hypertension treatments revealed over one-third of patients had diabetes mellitus, and over two-fifths had hypertension

According to the current study, the vast majority of the senior patients were not experiencing abuse. This high percentage suggests that most elderly individuals in this sample are in environments where they are not

subjected to abusive behaviors. The high prevalence of non-abuse among the elderly patients is a positive indication that the majority are likely receiving adequate care and support.

These findings were consistent with those of **Acierno et al. (2020)**, who investigated the prevalence and correlates of financial, sexual, emotional, and physical abuse as well as possible neglect. They discovered that roughly 10% of elders had been abused in some capacity, and they emphasized the significance of routine screening and monitoring in order to detect and stop elder abuse.

**Also agree with, Lachs et al., (2021)** who study residents A overview of the literature on rights in long-term care institutions ', and reported that approximately one quarter of elderly individuals in community settings experience abuse and implies that elder abuse is a significant issue that requires attention.

**Dong et al., (2022)** in a study among Elder mistreatment and disregard in a Chinese urban community found a lower prevalence of self-reported elder abuse at around five percentages in an older adult sample in Chicago. This is lower than the present study and suggests variability in elder abuse prevalence across different populations and settings.

The current investigation demonstrated a statistically significant distinction between Sengstock Elder Abuse Screening Test (HS/EAST) with gender, occupation, marital status, and educational attainment history and who is the caregiver of the elderly. P value (0.000\*\*) . while, there was non statistically significant difference between Sengstock Elder Abuse Screening Test (HS/EAST) With age group ,residence and living status .P value (0.254, 0.239, 0.563) respectively.

The significant difference in HS/EAST scores based on gender (P = 0.000\*\*) suggests that gender is an important factor in the prevalence and reporting of elder abuse. This finding may reflect societal and cultural norms that influence how males and females experience and disclose mistreatment. For instance, females may be more likely to report emotional or financial abuse, while males might report physical or neglectful behaviors.

**These finding agree with Lachs et al., (2021)** in a study of residents' rights in long-term care facilities, examining the literature and who highlighted the gender differences in reporting and prevalence of elder abuse, suggesting that females may be more likely to report emotional or abuse of money compared to males.

The observed significant difference between sengstock elder abuse screening test (P = 0.000\*\*) and marital statuses indicates that marital status impacts vulnerability to elder abuse. **These finding**

**in line with study of Acierno et al., (2020):** about frequency and associated factors of financial, sexual, physical, emotional, and perhaps neglect abuse and found that marital status influences vulnerability to elder abuse, with widowed or divorced individuals reporting higher rates of mistreatment. The current investigation revealed that a noteworthy correlation existed (P = 0.000\*\*) between education level and HS/EAST scores from researcher point of view the role of education in awareness, empowerment, and potentially, susceptibility to abuse. Higher education levels might correlate with better recognition and reporting of abuse, whereas lower education levels could imply less awareness or ability to identify mistreatment.

**These results agree with Jackson et al., (2020)** who study "Social determinants of late-life domestic violence" and reported that the higher education levels correlate with increased awareness and protective factors against mistreatment. **While these outcomes disagree with the study by Lachs & Williams, (2021)** who study "Residents' rights in long-term care facilities" and found no significant correlation between education level and vulnerability to elder abuse in long-term care facilities, suggesting that institutional factors play a more prominent role.

The current investigation represent that There was a noteworthy impact of occupation on HS/EAST scores (P = 0.000\*\*) suggests that past work experiences can influence vulnerability to elder abuse. For example, retirees from physically demanding or high-stress occupations may have different risk profiles compared to those who had less demanding careers or were homemakers. **These results agree with Dong et al., (2022)** explored that past occupational experiences can influence vulnerability to elder abuse, particularly in settings where retirees from physically demanding or stressful jobs may face increased risks.

Regarding to the relation between (HS/ EAST ) and who is caregiver of the elderly, The results of the current investigation showed that, these were highly statistical significant relationship between the caregiver and the elderly person significantly affects the likelihood of abuse p.value (0.000). Family members, hired caregivers, or institutional staff may contribute differently to the risk or prevention of mistreatment based on their roles and relationships with the elderly individual. **This result in line with Yan & Tang, (2021)** who study about the frequency and psychological effects of elder abuse in China" **suggested** that family caregivers are most often implicated in elder abuse cases. According to the current investigation, there was a statistically significant distinction between Sengstock Elder Abuse Screening Test (HS/EAST) with medical history as HTN duration, Heart disease , Arthritis



disease and more than one chronic diseases p.value (0.020 ,0.013 ,0.048 ,0.012 ) respectively. This indicates that elderly individuals with longer-standing hypertension, heart conditions, arthritis, or multiple concurrent health issues may be more vulnerable to experiencing or reporting elder abuse as measured by the HS/EAST. These conditions could potentially increase dependency, caregiving stress, and complex healthcare needs, which might contribute to increased risks of abuse.

The findings of the study "Prevalence, expenditures, and consequences of various chronic illnesses in the elderly" by Wolff et al. (2022) corroborated this finding individuals with multiple chronic conditions face compounded health challenges, potentially increasing vulnerability to abuse due to increased dependency and healthcare needs. Also, Calestani, & Montesi, (2020) suggested that certain health conditions (e.g., diabetes, kidney disease) might indeed influence elder abuse risk when considering broader socio-economic factors and cultural contexts further than the diseases.

However, the findings do not align with, Henderson et al., (2021) who study "Elder maltreatment" and revealed that variations in abuse reporting influenced by regional differences in healthcare access, caregiver support, and elder care policies not the presence of chronic diseases.

Also this result supported by Schulz et al., (2020) who study family caregiver for older adult indicated that having more than one chronic health condition significantly increases the overall risk of elder mistreatment, supported by comprehensive epidemiological surveys and healthcare utilization data across diverse populations.

## Conclusion

In light of the current study's findings, nearly half of studied elderly patient had hypertension, and more than one quarter of them had diabetes. Most elderly patient were non abuse and only one quarter of them were abuse. There was statistically significant difference between Sengstock Elder Abuse Screening Test with hypertension duration, heart, arthritis and more than one disease

## Recommendations

- Offering educational program to raise family and caregiver awareness about types of mistreatment especially among elderly with chronic disease.
- Providing educational program to elderly caregiver about consequences of elderly mistreatment.
- Health professionals training regarding evaluation types of abuse among all elderly not chronic disease only.

To stop elder abuse, more study on the use of nursing guidelines should be integrated into general health services

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