Perceptions and attitudes toward elder abuse: cross-sectional study in Hodeidah, Yemen

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Background/aim
Elder abuse and neglect remain significant yet underrecognized issues worldwide, particularly in low-resource settings like Yemen. This study aims to assess societal attitudes toward elder mistreatment in Hodeidah, Yemen, focusing on knowledge, perceptions, and the perceived responsibility of community members in reporting and addressing such incidents.

Patients and methods
A cross-sectional study was conducted with 314 participants of both sexes living in Hodeidah, Yemen. The majority of participants were female (70.4%), with ages ranging from 18 to 65 years. An online questionnaire was used to evaluate awareness, attitudes, and perceived responsibility regarding elder abuse. This study examined factors, such as sex, family size, marital status, and education level in relation to perceptions of elder mistreatment.

Results
Findings revealed a high awareness of physical, emotional, and financial abuse, as well as caregiver neglect, with 97.3% of participants recognizing elder abuse as a criminal offense. However, only 75.5% felt personally responsible for reporting cases of mistreatment. Most respondents rejected blaming older adults for abuse, instead attributing household conflicts to external factors. While 98.1% viewed preventing elder abuse as a personal duty, 97.1% considered placing elderly individuals in nursing homes a form of neglect, reflecting strong cultural values favoring family-based care. These findings underscore the need for targeted education, improved intergenerational communication, and policies to strengthen elder protection in Yemen

Conclusion
This study provides a systematic exploration of public perceptions of elder abuse and neglect in Yemen, focusing on the Hodeidah Governorate. The findings reveal a strong awareness of various forms of mistreatment, including physical, emotional, and financial abuse and caregiver neglect.

Keywords:
attitudes, elder abuse, Hodeidah, perceptions, Yemen

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Introduction

The elderly population is the fastest-growing age group globally, projected to increase from nearly 600 million today to two billion by 2050, with 80% of these individuals expected to reside in developing countries [1]. Since the late 1970s and early 1980s, elder abuse has been recognized as a significant social issue [2].

The WHO defines elder abuse as a single or repeated act, or the failure to take appropriate action, within a relationship of trust that causes harm or distress to an older person [3,4]. Physical abuse, psychological or emotional abuse, financial exploitation, sexual abuse, and caregiver neglect are the five primary types of elder abuse, according to the American Psychological Association [1].

Despite its global importance, data on elder abuse in the Arab region remain sparse and fragmented, primarily drawn from gray literature and official reports. Arab society, which places a strong emphasis on respect for older adults and values strong familial bonds, is often perceived as providing a protective environment for older people [5–7]. However, evidence from neighboring countries suggests a more complex reality. For example, a survey in Saudi Arabia revealed widespread recognition of elder abuse as a crime among 430 respondents [8]. Similarly, studies in Egypt and Lebanon reported significant rates of mistreatment, including neglect, physical abuse, and psychological abuse, with women being disproportionately affected

[9,10]. These findings highlight the need for localized research to understand how cultural norms and socioeconomic pressures influence elder abuse.

In Yemen, where societal norms prioritize family-based elder care and institutional support is minimal, elder abuse remains critically underexplored. Economic hardships and ongoing sociopolitical instability further complicate the issue, potentially increasing the risk of elder mistreatment. This study addresses this gap by focusing on the Hodeidah Governorate, a culturally and demographically significant region in western Yemen. As the country's fourth-largest governorate, Hodeidah has a population exceeding two million, accounting for ~11% of Yemen's total population, with an annual growth rate of 3.25% [11]. By examining knowledge, attitudes, and perceived responsibilities regarding elder abuse, this research aims to inform educational and policy interventions while contributing to the broader understanding of elder mistreatment in the Arab world.

Patients and methods

Patients

A total of 314 participants of both sexes living in Hodeidah, Yemen, were selected using a quota-based nonrandom sampling method. The majority were female (70.4%), with ages ranging from 18 to 65 years. The inclusion criteria required participants to be residents of Hodeidah, actively involved in caregiving for family members, and willing to participate in the study. Exclusion criteria included individuals with incomplete or unreliable data and those who did not meet the inclusion criteria.

Study design

This study utilized a descriptive, cross-sectional design. An online questionnaire, adapted and modified from Amer *et al*. [12], Srinivasan and Gupta [13] was used to assess knowledge and attitudes regarding elder abuse in four areas: sociodemographic information, perceptions of elderly responsibility for their maltreatment (five items), awareness of various types of elder abuse (14 items), and attitudes toward social responsibility in elder abuse (three items). Responses were recorded on a three-point Likert scale (agree, neutral, disagree). The questionnaire was translated into Arabic and validated by two geriatric and family medicine consultants and four social studies experts from Ibb University, with an 80% agreement threshold for retaining items. Reliability was confirmed through a pilot study with 30 participants, which yielded a Cronbach's alpha value of 0.82. Data collection occurred between September 27 and October 18, 2024, via an online link distributed through Facebook and WhatsApp.

Ethical approval

The study procedures involving human participants adhered to the ethical standards of the Institutional Review Board and the principles outlined in the Declaration of Helsinki. Ethical approval was granted by the Faculty of Education, Ibb University, Ibb, Yemen, under approval number 022024. Written informed consent was collected from all participants before they were included in the study.

Statistical analysis

Data were analyzed using SPSS (IBM Corp., Armonk, New York, USA), version 22, employing descriptive statistics. Frequencies and percentages were used to describe qualitative data. Qualitative parameters were compared using the Mann–Whitney test between two groups, while the Kruskal–Wallis test was used in comparing more than two groups. A significant value was considered at P value less than 0.05.

Results

The present study included 314 participants from the Hodeidah governorate, with a majority being female (70.4%). Participants under the age of 30 constituted 54.8% of the sample. Nearly half of the participants (53.8%) reported being raised in large families, while 46.2% grew up in nuclear family households. In terms of marital status, 47.5% were single, 44.9% were married, 1.9% were widowed, and 5.7% were divorced, highlighting a diverse range of family and relationship dynamics (Table 1). The educational background of the participants was noteworthy, with 86% having attained a university degree or higher, 6.4% having completed high school, and 7.6% having pursued higher studies. Regarding caregiving responsibilities, 35% of participants reported caring for their grandfather, 22% for their father, 10.2% for their grandmother, 8.9% for their mother, and 23.9% for other relatives, reflecting the significant caregiving roles undertaken within the community. The health status of the individuals being cared for varied, with 60.5% reported as healthy and free of disabilities, while 39.5% had some form of disability. Among those with disabilities, 15.9% had physical disabilities, 13.7% had both physical and mental disabilities, and 9.9% had mental disabilities alone. These findings provide valuable insights into the caregiving dynamics and the challenges faced by families in the region, particularly when supporting relatives with disabilities (Table 1).

Table 1 Sociodemographic characteristics of the entire sample

Variables	Type	*N*=314 *n* (%)	*P* value
Sex	Male	93 (29.6)	0.002*
	Female	221 (70.4)	
Age	Less than 30 (young)	172 (54.8)	0.013*
	30 and more (older)	142 (45.2)	
Type of family	Large family	169 (53.8)	0.042*
	Nuclear family	145 (46.2)	
Marital state	Single	149 (47.5)	0.038**
	Married	141 (44.9)	
	Divorce	18 (5.7)	
	Widowed	6 (1.9)	
Education	High school	20 (6.4)	0.027**
	University	270 (86)	
	High studies	24 (7.6)	
Relation with the elder	Father	69 (22)	0.029**
	Mother	28 (8.9)	
	Grandfather	110 (35)	
	Grandmother	32 (10.2)	
	Other relative	75 (23.9)	
The elder health	Healthy	190 (60.5)	0.031**
	Physical disability	50 (15.9)	
	Mental disability	31 (9.9)	
	Physical and mental disability	43 (13.7)	

*Significant difference at *P* value less than 0.05, using Mann–Whitney test.
**Significant difference at *P* value less than 0.05, using the Kruskal–Wallis test.

The data presented in Table 2 highlights a general rejection of elder-blaming explanations for aggression and violence, with the majority disagreeing that older adults' complaints or nagging (79.5%) or their demanding nature (78.9%) are causes of such behavior. This suggests a broader recognition of external or systemic factors contributing to household conflicts involving older adults. However, there is notable agreement (80.2%) that violence could be mitigated if older adults had a better understanding of the challenges faced by younger generations, indicating that generational communication gaps and differing perspectives may exacerbate tensions. Despite this, an overwhelming majority disagreed with statements advocating for separation as a solution, including older adults living apart from younger family members (94.2%) or in nursing homes (89.9%). These findings reflect strong cultural norms favoring intergenerational cohabitation and family-based elder care over institutionalization or isolation. The data in Table 2 emphasizes the need for fostering mutual understanding and communication within families to address potential sources of conflict while maintaining cultural values of familial support and respect.

Table 3 provides insight into the awareness of various forms of elder mistreatment among participants. The findings indicate strong recognition of abusive behaviors, with the majority agreeing that actions such as failing to meet the health, nutrition, or safety needs of older individuals (95.3%), neglecting

Table 2 The tendency to blame elderly people for their abuse

Items	*N*=314 [*n* (%)]			*P* value
	Agree	Disagree	Neutral	
Aggressive behavior in older adults is often caused by their frequent complaints and nagging	38 (12.3)	250 (79.5)	26 (8.2)	0.039
The aggressive behavior of older adults in households is due to their demanding nature	34 (10.9)	248 (78.9)	32 (10.2)	0.041
Older adults could avoid experiencing violence if they had a better understanding of the challenges faced by younger adults and children	252 (80.2)	57 (18.2)	5 (1.6)	0.042
Violence could be avoided if older adults and younger family members lived separately	5 (1.5)	296 (94.2)	13 (4.3)	0.039
Violence would not occur if older adults lived in nursing homes with people of their own age group	13 (4.2)	282 (89.9)	19 (5.9)	0.034

All data with *P* value less than 0.05 are significant, using the Kruskal–Wallis test.

Table 3 Awareness of various forms of elder mistreatment

Items	*N*=314 [*n* (%)]			*P* value
	Agree	Disagree	Neutral	
Borrowing money from elderly parents and failing to return it is a form of financial abuse	269 (85.7)	11 (3.4)	34 (10.9)	0.028
Older individuals do not perceive the use of swear words as abuse because it is culturally normalized	7 (2.1)	302 (96.1)	5 (1.8)	0.037
Manhandling one's parents is not considered violence or abuse	13 (4.2)	297 (94.6)	4 (1.2)	0.042
Physically touching older individuals without their consent is not regarded as sexual abuse	14 (4.5)	223 (71.1)	77 (23.5)	0.026
Abandoning elderly individuals is a form of neglect	299 (95.2)	4 (1.4)	11 (3.4)	0.034
Placing elderly individuals in a nursing home is considered neglect	305 (97.1)	0	9 (2.9)	0.002
Failing to meet the health, nutrition, or safety needs of older individuals constitutes neglect	299 (95.3)	3 (0.9)	12 (3.8)	0.002
If older individuals cannot manage their hygiene, nutrition, and housing needs, they are responsible for self-neglect	5 (1.5)	278 (88.7)	31 (9.8)	0.018
Neglect occurs when the health needs of older individuals are not adequately addressed	299 (95.2)	6 (1.9)	9 (2.9)	0.002
Living in homes with unsuitable conditions is considered neglect	253 (80.6)	24 (7.8)	37 (11.6)	0.029
Acts of violence such as beating, slapping, kicking, biting, and throwing objects are forms of abuse	304 (96.7)	0	10 (3.3)	0.001
Abuse includes subjecting older individuals to shouting, insults, and ridicule	300 (95.5)	0	14 (4.5)	0.001
Stealing money or belongings from older individuals through force or deception is considered abuse	304 (96.9)	4 (1.4)	6 (1.7)	0.032
Ignoring, imprisoning, or socially isolating older individuals is a form of abuse	278 (88.7)	10 (3.1)	26 (8.2)	0.026

All data with *P* value less than 0.05 are significant, using the Kruskal–Wallis test.

their health requirements (95.2%), and acts of violence like beating, slapping, or kicking (96.7%) constitute abuse. Similarly, high levels of agreement were observed regarding abuse involving shouting, insults, and ridicule (95.5%) and financial exploitation, such as stealing money or belongings (96.9%). There is also widespread acknowledgment that abandonment (95.2%) and living in unsuitable housing conditions (80.6%) are forms of neglect. Participants largely rejected the notion that older adults are responsible for self-neglect (88.7% disagreed). However, 97.1% agreed that placing elderly individuals in a nursing home constitutes neglect, reflecting a cultural perception of institutionalization as a form of mistreatment. Cultural normalization of certain behaviors, such as the use of swear words, was also refuted by the majority (96.1%), reflecting a clear consensus against minimizing or excusing mistreatment. Overall, the data underscores strong awareness of various forms of elder mistreatment, with significant emphasis on the importance of addressing neglect and abuse in all its manifestations.

Table 4 presents the survey findings on attitudes toward preventing elder abuse. An overwhelming majority of respondents (98.1%) agreed that preventing elder abuse and neglect is their responsibility, and 97.2% recognized such acts as criminal. However, there was less agreement on the duty to report witnessed abuse or neglect, with only 75.5% acknowledging it as their responsibility. These results highlight a strong awareness of the ethical and legal seriousness of elder abuse but suggest potential gaps Table 2 in willingness or ability to take direct action when abuse is observed.

Discussion

Elder abuse is a pervasive issue with severe health and psychological consequences, necessitating urgent attention and education among those responsible for geriatric care [1]. As global populations age rapidly, clinicians, policymakers, and researchers increasingly recognize elder abuse as a critical public health concern [14,15]. The prevalence of this issue is expected to rise in parallel with the accelerating pace of population aging worldwide. Similar demographic shifts are evident in the Arab world, including the Middle East and North Africa, yet systematic studies on aging and its implications in this region remain

Table 4 Responsibility towards elder abuse

Items	*N*=314 [*n* (%)]			*P* value
	Agree	Disagree	Neutral	
Preventing violence and neglect toward elderly individuals is my responsibility	308 (98.1)	0	6 (1.9)	0.001
Elder abuse and neglect are criminal acts	305 (97.2)	4 (1.3)	5 (1.5)	0.001
Reporting elder abuse and neglect when witnessed is my individual duty	237 (75.5)	6 (1.8)	71 (22.7)	0.042

All data with *P* value less than 0.05 are significant, using the Kruskal–Wallis test.

limited compared to other societies [16]. This study aimed to assess knowledge and attitudes regarding elder abuse among participants in Hodeidah, Yemen.

The findings indicated that only a small proportion of participants attributed responsibility for abuse to the elderly themselves, with 12.3% agreeing that aggressive behavior in older adults results from frequent complaints and nagging and 10.9% attributing it to their demanding nature. Encouragingly, participants exhibited a strong awareness of various forms of elder abuse, including physical, psychological, financial abuse, and caregiver neglect. For instance, 96.7% of respondents identified acts such as beating, slapping, or kicking as abuse, while 95.5% acknowledged that shouting, insults, and ridicule constitute abusive behavior. Additionally, 71.1% recognized nonconsensual physical contact with older adults as sexual abuse. This perspective may be shaped by cultural beliefs that associate sexuality primarily with younger individuals, leading to the underestimation of older adults as victims of sexual violence [17]. Regionally, elder abuse prevalence has been reported at 43.7% in Egypt and 14.7% in Iran, highlighting the widespread nature of the issue across the Eastern Mediterranean [18]. In this study, 89.9% of participants rejected the notion that older adults are less likely to experience violence in a nursing home than with caregivers, a perspective shared by 77% of respondents in Saudi Arabia. Awareness of physical abuse was also high, with 94.6% of participants recognizing manhandling older parents or in-laws as a form of violence, closely aligning with the 90.5% reported in Saudi Arabia [8]. Similarly, 71.1% of participants in this study and 87.7% in Saudi Arabia considered nonconsensual touching of intimate areas as sexual abuse [8]. Verbal mistreatment was widely acknowledged, with 95.5% in this study and 99.3% in Saudi Arabia identifying shouting insults, and ridicule as abuse. Financial exploitation was also strongly condemned, as 96.9% of participants and 99.8% in Saudi Arabia viewed theft from older individuals as abuse, while 85.7% and 90.7%, respectively, regarded failing to repay borrowed money as financial mistreatment. In contrast, a study in Turkey among 204 older adults found that only 2.5% had experienced financial abuse [19]. Perceptions of neglect varied, with 97.1% of participants in this study considering nursing home placement as neglect, compared to 55% in Saudi Arabia. Social isolation was also recognized as a form of mistreatment by 88.7% of participants in this study and 96% in Saudi Arabia [8]. While 97.2% of participants considered elder abuse and neglect to be criminal offenses, only 75.5% acknowledged their obligation to report such incidents. This discrepancy may stem from Yemen's ongoing political instability and weak state authority, where fear of personal involvement in conflicts discourages individuals from reporting. The responsibility to report and prevent elder abuse was strongly emphasized across different studies. In both this study and the Saudi Arabian study, 98.1% of participants believed it was their duty to prevent elder abuse, while 97.2% in this study recognized it as a criminal offense, and 75.5% affirmed their obligation to report cases of abuse and neglect [8]. These findings underscore the urgent need for targeted educational programs to foster awareness and intervention readiness across diverse community segments. Addressing attitudes that shape intervention intentions is crucial. Developing and implementing comprehensive geriatric training programs can enhance the recognition and management of elder abuse cases. Educational initiatives must focus on equipping caregivers and the broader community with the necessary skills to identify, prevent, and address elder abuse effectively. A structured, multidisciplinary approach to combating elder abuse is not just necessary but is imperative to safeguard vulnerable elderly individuals and promote a culture of dignity, respect, and care.

Conclusion

This study systematically explores public perceptions of elder abuse and neglect in Yemen's Hodeidah Governorate, revealing strong awareness of various forms of mistreatment, including physical, emotional, and financial abuse and caregiver neglect. Most participants recognized elder mistreatment as a criminal offense and acknowledged their role in its prevention. However, cultural dynamics, political instability, and low reporting rates remain significant barriers to effective intervention. To address these challenges, comprehensive geriatric education and training programs tailored to Yemen's cultural and socioeconomic context are essential. Strengthening legal frameworks and fostering community engagement can create sustainable solutions to protect the elderly. By implementing multidisciplinary approaches that integrate healthcare, policy, and social support systems, this research lays the groundwork for meaningful reforms to uphold the dignity and well-being of older adults in Yemeni society.

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design. M.A.N.Q. and B.A. performed the collection and analysis of the data, with discussion including all authors. M.A.N.Q. and N.A. supervised the project. R.M. contributed to the final revision and provided valuable feedback and discussion in the writing of the manuscript.

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Conflicts of interest

There are no conflicts of interest.

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