



Social Work Intervention Strategies for Victims of Abused Elderly in Ukhun Communities, Edo State, Nigeria

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Abstract. The world population is growing rapidly and the population of the elderly is on the increase as well. The increase has brought along with it number of social problem among the elderly to the front burner of public policy and social work practice. One of such problems is that of elder abuse. While many advanced countries have evolved mechanisms of dealing with this challenge, many African states are yet to come to grips it. The study therefore examines the social work intervention strategies for victims of elder abuse in Ukhun community, Edo State, Nigeria. The study adopts the survey research design while the population of the study comprised all adult males and females 65 and above residing in Ukhun community for at least 6 months irrespective of marital status, social and economic status or ethnic group. It was discovered from the study that elderly abuse is very common at Ukhun community and the age of the elderly people who are abused is a factor that makes the victim vulnerable to the frequency and the report rates. Those who are very frail and weak are less likely to report abuse against them compared to those who are relatively young in the adult age. Different categories of abuse against the elderly are recorded in Ukhun Communities with lot of predisposing factors that enhance the perpetrators into such act. However, the adoption of adequate intervention strategies will help control and address the menace of elderly abuse in the study area and Nigeria in general. It is recommended that social security scheme or policy for the elderly people in Nigeria should be broad base that include artisans, drivers, and farmers, amongst others with adequate tax relief in respect to maintenance of close relatives incapacitated by old age.

Keywords: Ageing, Abuse, Elderly, Intervention, Social Strategies

1. Background to the Study

As the World population continues to rise, the proportion and absolute number of older people all over the world are also increasing dramatically (World Health Organization, 2015). The growing concerns for ageing in general and the welfare of older persons globally, necessitated the United Nations (UN) to designate 1999 as “The Year of Older Person”. This declaration and document also gave birth to the International Plan of Action on Ageing- a composite declaration on older people’s rights which was adopted at the second UN Assembly on Ageing in Madrid in 2002 (National Population Commission, 2003). According to the United Nations Population Fund (UNPF) and Help Age International (2011), people aged 60 years and older accounted for 11% of the World population that is about 7 billion in 2011. This number is projected to increase exponentially to 9 billion by the year 2050 (Help Age International, 2001a, in Chane, 2014).

In terms of proportion, ageing is more pronounced in the Developed countries today than in the Developing Nations. On this, the WHO Report (2015) has it that the proportion of people aged 60 years or older in Japan in 2012 exceeds 30% and by the middle of the century, many countries will have a similar proportion of older people to that of Japan in 2012. Pesic (2010, in Adeleke, 2014) also corroborates this with the fact that every sixth person is over 65 years of age in many developed countries and the figure is estimated to be every fourth person in another 30 years to come. In Africa, including the Sub-Sahara Region, where the population is still relatively young, as shown by the wide bottom of the population pyramid, the population of older adults in the region doubles in absolute term, than that of northern Europe (WHO, 2015). This is also expected to grow faster than anywhere else, and may increase from 46

million in 2015 to 157 million by 2050 (Aboderin, 2015).

In Nigeria, just like any other part of the Sub-Sahara Africa, population ageing is becoming more visible than before. According to the National Population Commission (NPC, 2003), there were over 4.5 million persons aged 60 years and above, representing 5.2% of the total population, in Nigeria in 1991. This figure, according to the report, was to reach 5.8 million in 2005, 16 million by 2030, and 47 million by 2060. There is also a differential in the internal spread of the percentage of the elderly population within the country and Edo state was named among the States having higher percentage of elderly population than the National average. Other States in this category are clustered in the Eastern, North Central and Southern Geopolitical zones. This structural shift in the population comes with far reaching consequences for economic and social development. As succinctly put in the NPC report (2003):

...the rise in the number of older population implies an increased demand for social services, since the per capita consumption of health services is many times higher among older persons than among the rest of the population... ageing of the population has special relevance to public policy. The country will be faced with decisions about spending, increased borrowing, tax increases, higher retirement age, and cost reductions in pension and health plans as well as their privatization. (P.56)

From the above analysis, the chance of a country like Nigeria adequately preparing for and addressing the challenges associated with ageing population could remain a mirage considering her dwindling revenue, mismanagement, poor planning and poor policy implementation systems.

Culturally, the family, which is the basic unit of social structure of the society becomes most highly important to the elderly as it is incumbent on the family to bear the whole burden of caring for them (Ekot, 2016; Atchley & Barusch, 2004). The children of the elderly are traditionally saddled with the responsibility of supporting their parents when they become aged. The aged then become fully dependent on their families for daily needs and activities. Other relatives also play important roles, especially in Nigeria where the extended family system is predominant. However, the changing nature and structure of the family system tends to be eroding the efficacy of the primary care giving role of the family (Adeleke, 2014). The pressure resulting from harsh economic realities, unemployment, industrialization

and urbanization as well as the high prevalence of deadly diseases such as the HIV/AIDS do significantly affect the chance of the elderly being adequately catered for by their children and other relatives (Mudiare, 2013; Ekot, 2016). These situations thus make the elders highly vulnerable to all forms of abuse ranging from physical assaults to neglect and abandonment, since they are dependent on these caregivers. In some instances, victims of elder abuse hardly speak out or report their plights particularly for fear of being rejected or abandoned by other members of the family (Jesmin & Ingman, 2011).

It is against this background that the study attempts a critical look at the issue of elder abuse in relations to evolving effective intervention strategies targeted at victims of elder abuse in Ukhun communities, Ovia North East Local government area, Edo State, Nigeria.

1.1 Research Questions

The research questions that informed this study are:

- What is the prevalence of elderly abuse in Ukhun communities?
- What are the social work intervention strategies for abused elderly persons in Ukhun communities?

1.1 Objectives of the Study

The main objective of this study is the evaluation of Social Work intervention strategies of victims of elderly abuse in Ukhun communities. The specific objectives are:

- To ascertain the prevalence level of elderly abuse in Ukhun communities
- To explore the various social work intervention strategies for abused elderly persons in Ukhun communities.

2. Theoretical Framework

2.1 The Caregiver Stress Theory

The Caregiver Stress theory has its roots in Gerontological literature (Roberto & Teaster, 2017). It is a Middle-Range theory based on the Roy Adaptation Model developed by Callista Roy in 1976 (Petiprin, 2016). The central focus of the theory is the response of family members and individuals to the stressors they faced while providing care for an older person with functional and or cognitive impairments

(Peralin et al., in Roberto & Teaster, 2017). Caregiving includes assuming new roles and responsibilities and involves recurrent redirection and reorganization of family life that leads to escalating dependencies that contribute to daily stressors and strains that challenge relatives providing care (Aneshensel et al. in Roberto & Teaster, 2017). The nature of the care demands and the frequency, type, and the magnitude of the stress and strain experienced by caregivers associated both with their caregiving responsibilities and other aspects of their lives as well as their use of coping strategies and reliance on others for support affect caregivers' abilities to provide effective care as well as their own physical and psychological well-being (Roberto & Teaster, 2017). Applied to the study of elder abuse, the caregiver stress hypothesis posited that the high levels of stress experienced by the caregiver resulted in abuse of dependent older adults. Thus, negative caregiver outcomes may have both direct and indirect effects on the caregiving process, the relationship between the caregiver and care receiver, and ultimately the welfare and well-being of the older person receiving care (Navaie-Walise, Spriggs & Feldman 2002).

Certain characteristics of the elderly such as the age, health status and the financial standing, require constant attention and can inadvertently overburden their caregivers. This is the case in Nigeria where older adults are often left to be catered for by their children and immediate family members, without any recognizable interventions from the government. Kosberg (1988) discovered that the older the person is, the higher the risk of abusive or negligence situation, and the study Biggs et al. (2009) confirmed a high prevalence of abuse among the older age group. The theory no doubt has been criticized to have a number of limitations. For example, theory seems to focus primarily on outcomes for older adults with cognitive impairments and cover the range of abuse types indiscriminately (Roberto & Teaster, 2017). Lachs and Pillemer (2004) note that case-comparison studies have failed to find higher rates of dependency in the older person. It was also maintained that Caregiver Stress theory tends to blame victims, and legitimate abusers (Burnight & Masqueda, 2011). Advocates for older battered women denounce the Caregiver Stress theory saying that it blames the victims, and does not result in safety for the victim (Brandl, 2002). While this is an important consideration to be mindful of, it is also important not to overlook stress as a contributing risk factor. Stress and perceived burden can be acknowledged, measured, and included in models

without excusing the abuser's behavior (Burnight & Masqueda, 2011).

2.2 Relevance of the theory to Social Work Intervention Strategies for Victims of Abused Elderly

The caregiver stress theory is relevant to this work in a number of ways. First, it draws attention to the relationship between the system of a people and their perception on elderly abuse. Secondly, it points to the fact that social work plays a major role in rehabilitation of victims of elderly abuse through effective strategies. Indeed, this component is very significant in the determination of how elderly people respond to services of social workers in rehabilitation of abusive behaviour that might affect their general wellbeing.

3. Research Methodology

The study employed the survey research design in the collection and analysis of data.

3.1 Population of the Study

The population of the study comprised all adult males and females 65 and above residing in Ukhun communities and have stayed for a period of 6 months and above irrespective of marital status, social and economic status or ethnic group. The elderly 64years and below were excluded from the study because a number of studies have shown that the retirement age in Nigeria is 65years; the estimated population of the elderly in Ukhun communities is 8,486 as at 2022. It was projected from the 2006 population census at 2.7 growth rate. The sample size for this study is 400. This was determined with the aid of the Yaro Yammi sample size mathematical formula.

3.2 Method of data collection

This study adopted both the qualitative and quantitative method of data collection. The qualitative method of data collection entails the use of the in-depth interview of selected research participants. In collecting the data, the researcher employed the services of four (4) Research Assistants who have good knowledge of the study area and understand the local language of Benin. They were trained to administered questionnaires in line with the objectives of the study. This is required in order for participants to be guided on proper handling and completion of the questionnaire materials and to ensure that completed questionnaires are retrieved so

that the cases of unreturned questionnaires are reduced to the barest minimum. In addition, the questionnaire was in English language but with an interpreter who translated the questions to the local dialect where necessary. This is required to ensure that the elderly people who cannot understand English language could still participate effectively in the study. Thus, the English version was administered on the literate elderly persons.

On the other hand, the qualitative method of in-depth interview was used. This involved the in-depth interview in some selected community leaders, social workers and social welfare officers in Ovia North East Local government Area to support the quantitative data that were generated with the questionnaire. The shortcomings of the questionnaire were reduced and eliminated by qualitative instrument.

3.3 Instrument of Data Collection

This study used structured questionnaire to elicit information from respondents and generate primary data which is quantitative in nature. The researcher used this instrument because of its advantage in respect of ease of data collection and analysis as well

4. Data analysis and presentation

This section covers the social demographic variables of participants. The variables include age, sex, marital status of the participants and educational qualification, source of house income, household size, among others.

Table 1.1: The Socio-Demographic Characteristics of Participants

Socio-Demographic profile of participants	Variables	Frequency	Percentage (%)
Sex of participants	Male	236	59.0
	Female	158	40.1
	Total	394	100%
Age	60-64years	158	40.1
	65-69years	214	54.3
	70-74years	8	2.0
	75years And Above	14	3.6
	Total	394	100.0
Marital Status	Married	293	74.4
	Separated	34	8.6
	Divorced	56	14.2
	Widowed	11	2.8
	Total	394	100.0
Level of Education	Primary Education	62	15.7
	Secondary	227	57.6
	B.Sc. /HND	49	12.4
	Post Graduate	1	.3
	Others	55	14.0
	Total	394	100.0
Source of household income	Farming	37	9.4
	Business	90	22.8
	Rent from houses	50	12.7
	Bus/taxi driver	4	1.0
	Pension	60	15.2
	Others	153	40.1
	Total	394	100.0

Source: Field Work, 2022

as its wider reach which gives room for generalization in respect to the whole population from which the samples are drawn. The questionnaire was structured into two sections-A and B. The first section consisted of information on the socio demographic information of participants, like age, sex, occupation, residence, income level and family size, etc while the section B consisted of questions raised from the objectives of the study that helped illuminates the phenomenon being investigated. The questions were in simplified English language for easy comprehension by the respondents. The instrument of data collection were subjected to both content and face validity.

3.4 Method of Data Analysis

Responses from the questionnaire were subjected to some mathematical and statistical analysis. Such data gathered were analyzed using simple percentage analysis with frequency distribution, table and other descriptive statistics analysis with the aid of the Statistical Package for Software Solution (SPSS) version 22 was used while data from in-depth interview are discussed in support of the quantitative data.

Table 1.1 shows data on the socio demographic profile of participants in the study area. The table indicates that the participants were fairly heterogeneous on a variety of socio-demographic variables. For instance, the data in the table reveal that participants were predominantly males. That is, among the total participants, 236 representing 59% of the participants are female while 158 representing 40.1% are male. This indicates that majority of the participants are females. Table 1.1 while responding to participant’s age, also shows that among the total participants, those between 65-69years are more. For example, among the total participants, 214 representing 54.3% are between the age brackets 65-69years, 8 representing 2% of the participants are between the age bracket 70-74years old. The table further reveal that among the total participants 14 representing 3.6% of the participants are between 75years and above. This suggests that majority of the participants are between the age brackets 65-69years old. This is not surprising because the study is on the elderly and those who were on ground to adequately respond to questions where between this age group. The data in Table 1.1 further reveals that most vulnerable section of the elderly belong to the oldest of the age bracket because of their disability and debilitating conditions, yet the elderly who are active but have no means to survive cannot also be overlooked.

Table 1.1 also shows data on the marital status of participants. The data in the table reveal that majority of the participants are married. For example, more than half of the participants (74.4%) are married, 34 representing 8.6% are separated, 56 representing 14.2% are divorced while 11 representing 2.8% are widowed. This suggests that majority of the participants are married. This is not surprising going by the age bracket of the participants. Table 1.1 also shows the educational qualification of participants in the study. The data reveal that among the total participants, 62 representing 15.7% of the participants had primary school as their highest educational qualification, 227 representing 57.6% had secondary school as their highest educational qualification while 49 representing 12.4% had B.Sc./HND as highest educational qualification, and less than one percent had post graduate degree as highest educational qualification. 55 representing 14% of the total participants had other qualifications. The data therefore reveal that majority had secondary education as highest qualification.

Data in Table 1.1 further show the household family size of participants in the study. Among the total participants, 5 representing 1.3% of the participants were from a single household, 13 representing 3.3% were from a house hold size of 2 while 80 representing 20.3% of the participants were from household size of 3-5. The table further reveals that among the total participants, 199 representing more than half of the total participants were from household size ranging from 6-9 while 27 representing 24.6% of the participants were from household size of 10 and above. This suggests that among the total participants, those within the household size of 10 and above were more. This is not surprising because most families in Benin usually extended family with at least a member of the second generation included in the household. This is however not the case in some regions. For example, the studies conduct by Ugal (2012); Osunuh (2016) and Ugiagbe & Ukponahiusi (2018) on household type in Lagos, Enugu and Benin respectively revealed that majority of the household sizes in the three locations were less than 7.

Section Two: This section covers the data on participants’ response on the attitude, interest and opinion of participants.

Table 2.1: Prevalence of elderly abuse

	Variables	Frequency	Percentage %
The elderly are victimized and falsely accused of witchcraft?	Yes	296	75.1
	No	40	10.2
	Cannot Tell	58	14.7
	Total	394	100.0
The elderly who are abused are not provided with adequate care	Yes	236	59.9
	No	40	10.2
	Cannot Tell	118	29.9
	Total	394	100.0
They are often starved and deprived of food, advice and assistance on health care, clothing	Yes	349	88.6
	No	40	10.2
	Cannot Tell	3	0.8
	21	2	.5
	Total	394	100.0
Some of the elders are physically abused in the area by their care givers.	Yes	244	61.9
	No	40	10.2
	Cannot Tell	110	27.9
	Total	394	100.0
Elderly people who lack family support have survival and social care challenge	Yes	162	41.1
	No	109	27.7
	Cannot Tell	121	30.7
	Total	394	100.0

Source: Fieldwork, 2022

Data in Table 2.1 show participants responses for the prevalence of elderly abuse. Among the total participants 296 representing 75.1% of the participants, 40 representing 10.2% of the participants disagreed that elderly are victimized and falsely accused of witchcraft, 58 representing 14.7% are undecided. This suggests that among the total participants, majority agreed that most elderly persons are victimized and falsely accused of witchcraft in the study area. This was in tandem with the in-depth interview with Mr O and Mrs E. They both said that in Nigeria, old age is linked to witchcraft and misfortune. When you are too old and things are not working well as expected in your family, the people will link the problem to the elderly or aged person in the community. This is very true with African people. Mrs E said:

'it is very correct that elderly people are accused and victimized of witchcraft. And because they cannot fight for themselves, the stigma is transmitted from generation to generation. This involves subjecting most elderly person to emotional trauma that some don't even eat because of the negative stigma and label. It is very rampant here in Nigeria especially in Benin City. Mr Frank however said this is only common among people. When you are within the rich, such label and victimizations does not exist. So I would say the problem of poverty is also part of what causes this false label' (IDI-2022).

Data in the Table 2.1 also reveal that among the total participants, majority agreed that elderly people who are abused are not provided with adequate care. For example, 236 representing 59.9% agreed that the elderly who are abused are not provided with adequate care while the table also revealed that among the total participants, 349 representing 88.6% of the participants said the elderly people are often starved and deprived of food, advice and assistance on health care and clothing. 40 representing 10.2% of the participants disagreed that the elderly people are often starved and deprived of food, advice and assistance on health care, clothing while 3 representing less than 1% of the participants are undecided as to whether elderly are starved or deprived or not. This suggests that majority of the participants agreed that the elderly people are often starved and deprived of food, advice and assistance on health care, clothing. This is often the case when

the children of the elderly are not well to do. That is, families where poverty thrive. According to Mrs M, *elderly people are likely to be as weak as babies and heavily dependent on their children or those entitled to care for them as the case maybe for survive and protection.*

Data in Table 2.1 also reveal that elders are subjected to different forms of abuse but some are more prevalence than others. For example, 242 of the total participants representing 61.4% agreed that some of the elderly are physically abused in the area by their care givers, 42 representing 10.7% of the participants disagreed that some of the elders are physically abused in the area by their care givers while 110 representing 27.9% of the participants were undecided. This suggests that among the total participants, majority agreed that some of the elders are physically abused in the area by their care givers. This is however different from the findings from the study conducted by Rahman (2014) that opined that the percentage of mentally and economically abuse is very high compare to other form of abuse. The percentage of other types of abuse likes physical, economical, physical, mental and economical remain quite low. The table also reveals that among the total participants, 162 representing 41.2% of the participants believe that elderly people who lack family support have survival and social care challenge, 109 representing 27.7% of the participants disagreed that elderly people who lack family support have survival and social care challenge. This suggests that among the total participants, majority believed that most elderly people who lack family support have survival and social care challenge. Mrs M said *'the older the elderly people are the more they behave like a baby and this can make their children upset. They annoy the children all the time. It takes the patient type to be able to manage such problem. They person people to manage the elders are those who are trained in the act because of the way they act. Some people do not have money to take care of their parent and they do not give them attention. Old people are expected to be treated like a baby. Government should set up organization/ agency that will take care of the age. People that cannot take care of the aged would be taken to the home of the age and people employed to take care of them' (IDI-2022).*

Table 3.1: intervention strategies employed by social workers in issue of elderly abuse?

	Variables	Frequency	Percentage %
Interventions strategies for elder abuse	Social or respite services;	180	45.7
	Caregiver education programs;	33	8.4
	Referral to rehabilitation programs/agencies	67	17
	Provision of Shelter; Advocacy	23	5.8
	Protective services	69	17.5
	Treatment referral	22	5.6
	Total	394	100.0
Have the strategies be effective enough to reduce elderly abuse?	YES	294	74.6
	NO	100	25.4
	Total	394	100.0
The breakdown of intergeneration care is negatively affecting values, worth and attitudes toward the elderly.	YES	153	38.8
	NO	118	29.9
	Undecided	123	31.2
	TOTAL	394	100.0
The victims of elderly abuse respond well to intervention strategies	YES	241	61.2
	NO	58	14.7
	Undecided	95	24.1
	TOTAL	394	100.0

Source: Fieldwork, 2022

Elder mistreatment is now recognized internationally as a pervasive and growing problem, urgently requiring the attention of health care systems, social welfare agencies, policymakers, and the general public. Table 3.1 reveals participants response on intervention strategies use by social work in restoring social functioning for elders who are abused. The data in the table reveal that different ranges of interventions are adopted as social worker in rehabilitating victims of elderly abuse. Among the total participants, 180 representing 45.7% of the participants agreed that social workers engage in respite services, 33 representing 8.4% of the participants believe that social workers use strategies like the caregiver education programmes. 67 representing 17% of the participants agreed that social work engages referral of people who are abused to rehabilitation programme/agencies. 23 representing 5.8% of the participants also say that social workers engage in advocacy especial for the age. This is part of the intervention strategy adopted by social workers. In the study conducted by Reay and Browne (2002), it was noted that caregiver interventions were among the first models used to prevent elder abuse. These interventions provide services to relieve the burden of caregiving, such as housekeeping, respite care, support groups, and day care and are promoted as abuse-prevention strategies. There is suggestive evidence that these interventions, when directed specifically to abusive caregivers, may help prevent victimization.

5. Discussions

Violence against the elders has been a perpetual feature of social history globally as with other forms

of family violence. However, there have been ebb and flow in the visibility and invisibility of elderly abuse. From the analysis of data in the study, several findings were discovered that revealed a high prevalence of elderly abuse in the study area which covers both intentional and unintentional neglect of an older adult by the caregiver, in tandem with Wolf (2003) findings, elderly abuse in the study area range from the infliction of emotional anguish, pain or distress through verbal and non-verbal means, to physical force or coercion that causes bodily harm. This was in corroboration with previous studies that classified elderly abuse to include emotional or psychological abuse, physical abuse, financial abuse, among others (Stanley, 2009; Reid, Moss, & Hyman, 2005). Beneth (1999) however noted that although elderly people are subjected to different forms of abuse but some are more prevalence than others and most elderly people who lack family support have survival and social care challenge. The various forms of abuse do not just occur without number of predisposing factors that act as baits for a specific abuse to take place. In other words, some of the abuses seem to occur because of the number of factors which most time is beyond the control of the caregivers. The finding also reveals that the abuse of the elderly people is also because most of the elderly people who are abused are perceived as burden to the caregiver, for example, 75.9% believed that most of the elders are seen as burden to the caregiver. According the findings of (Animasahun & Chapman, 2017), in Nigeria, family members play a significant role in care for elders, providing up to 90% of home care. Elderly care, seen in the form of institutionalized centers or private Homes care in some industrialized countries, is rarely seen in

Nigeria. As family caregivers devote their time to the elder's needs, they tend to neglect their own needs, and thus, may face health risks (Animasahun & Chapman, 2017). They may not recognize or may ignore signs of illness, exhaustion or depression. Stress may negatively impact physical health of the caregiver or cause the care-giver to be physically or verbally aggressive towards the elderly person, leading to elderly abuse or neglect. In addition, caregivers may frequently feel a wave of emotions, such as anger, anxiety, depression, diminished social activities, frustration, guilt, isolation, marriage dissatisfaction, or decreased self-esteem (Okoye & Asa, 2011). Hence, the aged are seen as burden to the caregiver. And the inadequate support from government and lack of social policy to serve as safety nets affects the care givers psycho-emotional and economic status because the pressure of care and attention are solely on them especially when they (the caregivers) are poor and into unskilled job.

Victims of elder abuse in the communities respond to their abusive conditions in different ways. For example, the study revealed that elders who are abused in Okhun communities are most time withdrawn from the outside world. Some are even scared to speak out or open up on the problem because of the fear of being abused more when they spoke out. These elders who are abused in the communities are also isolated. The findings revealed that among numerous intervention programme, respite service, care giver educational programmes and protective services were seen to be most utilized and effective intervention method in the study area. Successful handling of elder abuse and neglect requires various interventions. There are different categories of intervention that are utilized in enhancing the social functions of abused elders in the study area. This was in tandem with the study by Alon and Berg (2014) that noted that the most widespread type of intervention consisted of individual counseling. Legal intervention yielded the highest rate of improvement (82%). Provision of supportive services for victims of neglect was found to be most effective (82% of improvement in the situation (Alon & Berg, 2014). The response rate to these intervention strategies however differs. For example, the findings reveal that victims of elderly abuse respond well to interventions strategies especially when it is carried out by professionals like trained social workers. A good attitude towards the intervention strategies designed for elderly abuse was identified as a good measure to achieve success in treatment plan of abused elders. Social work intervention strategies in restoring social functioning of elderly people who are abused is more effective

with caregiver taking active role in the process. In the study conducted by Reay and Browne (2002), it was noted that caregiver interventions were among the first models used to prevent elder abuse. These interventions provide services to relieve the burden of caregiving, such as housekeeping, respite care, support groups, and day care and are promoted as abuse-prevention strategies. There is suggestive evidence that these interventions, when directed specifically to abusive caregivers, may help prevent victimization.

6. Conclusion

Elderly abuse is a serious health issue globally, although seem to have not received much attention in recent time. Elder abuse is not restricted to a particular sex of the victim of the abuse. That is, either male or female can be abused. The age of the elderly people who are abused is a factor that makes the victim vulnerable to the frequency and the report rates. Those who are very frail and weak are less likely to report abuse against them compared to those who are relatively young in the adult age. Different categories of abuse against the elderly are recorded in Ukhun Communities with lot of predisposing factors that enhance the perpetrators into such act. However, the adoption of adequate intervention strategies will help control and address the menace of elderly abuse in the study area and Nigeria in general.

7. Recommendations

Elderly abuse occurs every day in Nigeria but abuse of older person has to be regarded as a taboo in Nigeria society that makes it difficult to report cases to the law enforcement agencies. Besides from the provisions of the criminal code related to crimes of violence and assault, there is yet no law on elder abuse. Hence, it is recommended that the visibility of laws of elderly abuse be made to stem the tide of the various forms of abuse in Ukhun communities. This should include the provision of social security scheme for the old people.

The study reveals that among those abuse, are of different age categories with different academic qualifications. That is, both those that were once employed in a formal setting and those that were previously artisans in their field of endure are subjected to abuse at older age; hence, social security scheme or policy for the elderly people in Nigeria should be broad to include artisans, drivers, and farmers, amongst others with adequate tax relief in respect to maintenance of close relatives incapacitated by old age.

More effective preventive strategies of further studies in the area of elderly abuse should be launched especially on how to ascertain how older people can also play role in preventing and rehabilitative process or programmes. The intervention methods should be all encompassing.

The role of social workers in the rehabilitation of elderly abused should be well enshrined and publicize. At the same time, social workers and counselors should be given a good place in the society considering their roles in rehabilitation of elderly people.

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