

Hidden scars-the alarming reality of elder abuse in Pakistan: a narrative review

ABSTRACT

Objectives: This review critically examines elder abuse in Pakistan, exploring its risk factors, types, consequences, and interventions through an ecological framework, while identifying gaps to guide effective prevention and management strategies.

Methods: A comprehensive literature search was conducted using databases including PubMed, Google Scholar, CINAHL, and ScienceDirect, focusing on full-text articles published from 2014 to 2024 in English. Keywords related to elder abuse and prevention were used alongside Boolean operators. Screening of 12,282 articles yielded 24 relevant studies included in the final synthesis.

Results: Elder abuse in Pakistan affects one in six individuals aged 60 and above, with significant underreporting due to stigma and limited awareness. Key risk factors include advanced age, female gender, poverty, cognitive decline, and caregiver stress. Abuse occurs in various forms including financial, physical, psychological, sexual, and neglect, leading to severe mental and physical health impacts like depression, anxiety, and increased healthcare utilization. Interventions identified include family support, early detection by healthcare providers, community support systems, caregiver assistance, and legal mechanisms. Multidisciplinary and culturally sensitive approaches are vital, incorporating legal, ethical, and professional responsibilities.

Conclusion: Tackling elder abuse in Pakistan demands coordinated, multi-level strategies integrating healthcare, legal reform, ethical practice, and public education. Strengthening policy implementation and cross-sector collaboration is crucial to safeguarding older adults.

Keywords: Elderly Abuse (MeSH); Medical Neglect (MeSH); Violence (MeSH); Elderly population (Non-MeSH); Abuse prevention (Non-MeSH); Ageing and abuse (Non-MeSH); Pakistan (MeSH).

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INTRODUCTION

ging is an urgent global crisis affecting developing and developed nations alike, with 80% of them living in low- and middleincome countries (LMICs). Every second two individuals celebrate their sixtieth birthday worldwide.2 The World Health Organization (WHO) estimates that by 2050, the people aged 60 years and above will double to 2.1 billion. Among LMICs, the magnitude is much greater, with Asia being the largest continent recording the maximum number of older adults. $^{^{2}}$ As a developing country, Pakistan is experiencing a similar trend and is expected to reach a population of 244

million by 2030. At present, the country has over 14 million elderly individuals, constituting 7% of the total population, and is predicted to rise to 12.9% by 2050.³

The demographic shifts and changing epidemiological patterns have an interdependent relationship with life expectancy, and it is anticipated to grow in the years to come. Enhanced nutrition, education, and healthcare have contributed to longer lifespans for older individuals. Nevertheless, this vulnerable group faces severe challenges due to factors such as poverty, geopolitical instability, economic downfall, limited insurance c-overage, and weak retirement systems.^{4,5} In Pa-

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kistan, which is a sociocultural, cohesive, and family-oriented society, the traditionally dominant extended fa-mily system has a significant impact on the social status of elderly family me-mbers. This traditional structure has contributed to a decline in their de-cisionmaking authority and diminished their central role within the family. Also, declines in physical and mental he-alth contribute towards the morbidity and mortality in the elderly population. ⁶ This unprepared transition has directed them towards physical, emotional, financial, and socio-cultural insecurities. One such rising and underreported concern is violence towards the elderly population.

This narrative review critically examines the risk factors, types, and consequences of elder abuse. It also evaluates existing interventions and preventive strategies within an ecological framework, highlighting gaps in the current evidence base and offering recommendations for more effective solutions.

METHODS

Search strategy: A comprehensive and well-structured literature search was conducted to identify relevant resources pertaining to elder abuse. Databases were selected based on the scope of the topic, with commonly used platforms including Google Scholar, PubMed, CINAHL, and ScienceDirect. Following the identification of appropriate databases, a list of relevant keywords and search terms was developed. Common keywords included "elderly abuse," "elderly neglect," "elderly mistreatment," "signs of abuse," "prevention of abuse," and

"interventions for abuse." Boolean operators such as AND, OR, and NOT were employed to refine and focus on the search results. Retrieved articles were reviewed to assess their relevance and significance to the topic.

Inclusion criteria: Articles in English language, having a viewpoint regarding elderly abuse, and published between 2014 and 2024 are included.

Exclusion criteria: Studies focusing on issues unrelated to the elderly population or lacking a perspective on elder abuse were excluded from the review. This narrative review aimed to synthesize existing evidence on elder abuse in Pakistan, employing key elements of a structured literature search to enhance transparency. A total of 12,282 papers were initially identified. Of these, 8,040 articles were excluded due to duplication and other reasons, leaving 4,242 articles.

Following a content screening, 3,453 articles were removed for irrelevance. The remaining 789 articles underwent abstract screening, after which 765 were excluded due to lack of relevance. This selection process is illustrated using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram (See Figure I). Ultimately, 24 research papers were included in the final review, with key details summarized in Table III.

Elder abuse: an unnoticed reality: Elder abuse is a sensitive and significantly underreported public health concern in Pakistan. Approximately one in six individuals aged 60 years and above experience some form of abuse; however, only 4% of these cases are officially reported. A meta-analysis conducted in 2017 estimated that 15.7% of older adults globally are subjected to abuse,⁷ while broader estimates suggest a global prevalence of

27.5%, with rates in Asia reaching up to 62%. Comparable trends have been observed in India. In Pakistan, elder abuse disproportionately affects older women compared to men. The World Health Organization (WHO) and the International Network for the Prevention of Elder Abuse (INPEA) defines elder abuse as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person."

In Pakistan, elder abuse remains a stigmatized issue, often deterring older adults from reporting their experiences. Contributing factors include limited societal awareness, lack of recognition of abuse among the elderly themselves, and insufficient professional understanding, all of which impede identification and intervention efforts. The absence of a national database further restricts systematic tracking of such cases.4 Older adults may be subjected to both intentional and unintentional violence, often occurring within domestic environments where family members are frequently the main perpetrators. 3 Abuse can also occur in institutional settings such as old age homes.14 Reliable data on domestic elder abuse remain limited due to its concealed nature, concerns over privacy, lack of structured reporting mechanisms, and the absence of a dedicated policy on domestic violence targeting the elderly population.4

Common risk factors: Following are the risk factors highly associated with elderly abuse in the cultural context of Pakistan. 8,12,15,16,17,18

Types of elderly abuse: The description on types of elderly abuse is discussed in table II.

Consequences of abuse in older adults: Elder mistreatment is a major societal concern linked to multiple adverse health outcomes. A cross-sectional study among older adults in sheltered homes reported that 83% of abused individuals experienced depression, with high rates of physical abuse (93%), psychological abuse and neglect (86%), and financial mistreatment (90%). Anxiety disorders were present in 62% of participants, associated with physical

IDENTIFICATION OF STUDIES VIA DATABASES

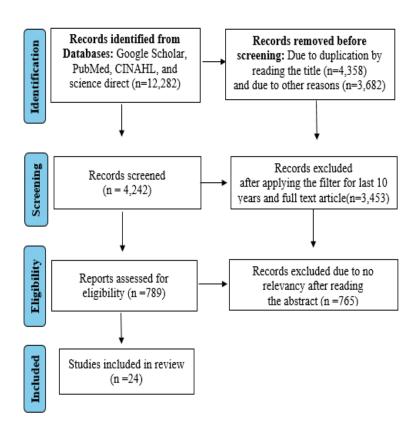


Figure 1: PRISMA flow diagram showing the identification, screening, and inclusion of studies on elder abuse in Pakistan

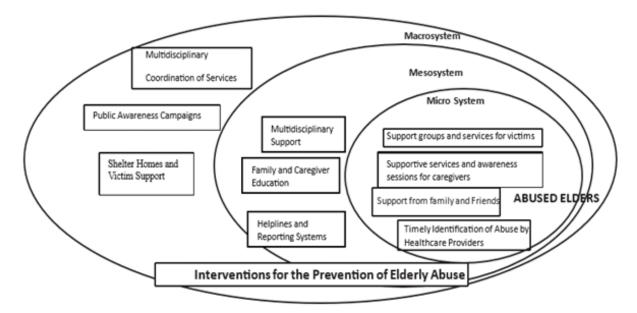


Figure 2: Interventions based on the ecological framework for preventing abuse in older adults

Table I: Risk factors of elder abuse

Old age	Female gender			
Low family income	Low literacy level			
Intellectual and Cognitive disability	Lack of social support			
Functional impairment and dependence	Weak family dynamics			
Living alone	Caregiver burden			
Loss of partner	Social isolation among family members			
Non cooperative behaviors of family members				

abuse (67%), psychological abuse (65%), neglect (63%), and financial exploitation (70%). Physical abuse was also correlated with suicidal ideation. Additionally, 59% of older adults reported sleep disturbances attributed to abuse, with contributing factors including physical abuse (75%), psychological abuse (60%), neglect (63%), and financial mistreatment (66%). Regarding physical health, 46% of abused individuals reported poor health status, while 48% demonstrated increased healthcare utilization, such as emergency visits and hospitalizations, compared to 43% among non-abused counterparts. 19

A systematic review in 2019, similarly highlighted those victims of elder abuse face elevated risks of mortality, hospitalization, and increased utilization of healthcare services compared to non-abused individuals.²⁰ The review identified a range of morbidity-related

health concerns among abuse victims, including mental health disorders, disability, depression, musculoskeletal pain, headaches, urinary incontinence, allergic reactions, gastrointestinal disturbances, obesity, anxiety, sleep disorders, suicidal ideation, and social dysfunction.

Psychological abuse in men was particularly associated with higher prevalence of headaches, allergic reactions, anxiety, and suicidal thoughts; physical and psychological abuse were linked to incontinence and sleep disturbances; and physical abuse alone was correlated with heightened anxiety levels. These findings are consistent with data from the 8-year follow-up of the National Elder Mistreatment Study (NEMS), which reported that abuse victims had significantly higher rates of depression (13.1% vs. 5.1%), Generalized anxiety disorder (7.1% vs.

1.7%), Post traumatic stress disorder (PTSD) (8.2% vs. 1.2%), and poor self-rated health (39.9% vs. 23.2%) compared to non-victims. It also emphasized the protective role of social support against most adverse outcomes. ²¹

A retrospective cross-sectional study conducted at Matosinhos in 2023, similarly found that suspected victims of elder abuse are more likely to develop health issues such as traumatic injuries, drug intoxication, psychiatric disorders (e.g., PTSD, anxiety, eating disorders), self-destructive behavior, dementia, sleep disturbances, social isolation, memory impairment, low self-esteem, cardiovascular diseases (e.g., stroke), metabolic conditions (e.g., type 2 diabetes), respiratory disorders (e.g., asthma, COPD), and genitourinary issues (e.g., urinary tract infections, chronic kidney disease).22 Thus, the literature presented that elder abuse impacts the overall health of older people.

Breaking the cycle: preventing elder abuse through interventions using ecological framework: The interventions for the prevention of abuse in older adults are divided into microsystem, mesosystem and macrosystem following ecological framework as shown in Figure 2.

Table II: Signs of abuse in older adults

Types of Abuse	Definition	Signs of Abuse		
Financial Abuse	A misuse of assets or funds i.e., making an elderly person sign anything or stealing of money or property.	Sudden changes in the elderly financial condition. Items or cash missing from the senior's household. Suspicious changes in wills, power of attorney. Cash withdrawal when the account holder is bedridden.		
Elderly Neglect	When an elderly person is ignored or left alone without the necessities of life. i.e., not provide shelter, food, or healthcare.	Unusual weight loss, malnutrition, dehydration. Untreated physical problems, such as bed sores. Unsanitary living conditions: dirt, bugs, soiled bedding and clothes. Unsuitable clothing or covering for the weather. Unsafe living conditions		
Physical Abuse It is the use of physical power that could cause pain or injury to the body, for example, hitting, pushing, burning, restraining.		Burns from appliances or cigarettes Bruises, especially around the arm Broken bones Dislocated joints Hair or tooth loss		
Psychological or physical bullying. For example, domination, insult, isolation, controlling behavior, slang language.		Threatening, or controlling behavior. Behavior from the elder that mimics dementia, such as sucking, themselves.		
It refers to unconsented sexual contact with the elderly. i.e., inappropriate physical contact, sexual assault, explicit photography.		Bruises around breasts or genitals. Unexplained vaginal or anal bleeding. Torn, stained clothes.		

Family support for victims of elderly abuse: Elder abuse affects millions of older individuals worldwide, underscoring the critical role of healthcare professionals in its timely recognition, prevention, and management. A quasi-experimental study evaluating the effectiveness of an elderly caring model demonstrated that this approach enhanced family support by facilitating early identification of health issues and promoting social engagement to mitigate loneliness.23 Similarly, a secondary analysis of 164 elder abuse cases emphasized the importance of support from friends, family, and multidisciplinary teams as k-ey components of effective in-tervention. ²⁴ These findings highlight the necessity of a robust support system involving informal caregivers and healthcare professionals to prevent, detect, and address elder abuse (See Figure 2).

Timely identification of abuse by health care providers: Interventions for elder abuse must be multidimensional, addressing both the immediate needs of victims and the root causes of abusive behavior (See Figure 2). As elder abuse emerges as a growing global concern, healthcare and social service professionals are increasingly recognized for their pivotal roles in prevention and intervention. A focus group study involving 32 frontline nursing and social workers identified key strategies, including the early detection of abuse through trained professionals.25 These findings align with those of a systematic review, which reported that educational interventions enabled 9.29% to 29.8% of healthcare professionals to identify cases of elder abuse.26 A systematic review in 2024, emphasized the importance of flexible training delivery to accommodate both novice and experienced professionals, recommending crash courses to improve long-term program efficacy. These findings underscore the need for ongoing, adaptable training programs to equip healthcare workers for timely and effective elder abuse management. Additionally, comprehensive support encompassing legal, emotional, and physical care is essential to reduce abuse and enhance the safety and well-being of older adults.

Support groups and community services for victims: Addressing elder abuse necessitates comprehensive interventions that meet victims' immediate needs while addressing underlying contributing factors. A qualitative study identified effective strategies such as the provision of necessities such as shelter, food, clothing, the formation of survivor support groups, caregiver assistance to alleviate burden, and public awareness campaigns on elder rights and abuse. 25 Similarly, a secondary analysis of 164 elder abuse cases emphasized the need for integrated support services for both victims and perpetrators, including social, mental health, and substance abuse interventions for offenders, as well as legal aid, referrals, and safe shelters equipped with alarm systems for victims.²⁴ Victim well-being requires access to mental and physical healthcare, substance abuse services, and emotional support to reduce isolation and enhance assertiveness (See Figure

A study reported in 2014 highlighted that physical, emotional, and legal support is particularly effective in cases of neglect, with counseling emerging as the most frequently utilized intervention. Notably, legal measures were associated with an 82% reduction in abuse cases. 27 These findings underscore the critical importance of holistic, multidisciplinary support systems in mitigating elder abuse and safeguarding the well-being of older adults.

Supportive services and awareness sessions for caregivers: Effective prevention of elderly abuse requires a dual approach that addresses both immediate needs and systemic factors.

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Alvi AS, Safdar M, Hussain M, Ajmal M, 2021	Alon S, Berg- Warman A, 2014 ²⁷	Acharya SR, Suman BK, Pahari S, Shin YC, Moon DH, 2021	Abuse and Neglect, 2023 ^{is}	Author and Year		
The purpose of current research was an attempt to gauge the prevalence of elderly abuse and its associated factors among the elderly population residing in district Lahore.	This article presents findings from an evaluation study of a model for intervention implemented in three municipalities in Israel.	This study was carried out to find out the prevalence of different forms of abuse among elderly Nepalese people.	Explain when abuse or neglect should be suspected and what evaluation should take place. Outline the management options for abuse or neglect. Describe some of the factors that increase the risk of abuse and neglect. Identify interprofessional team strategies that how communicating with team members to clarify reporting duties can lead to improved recognition and management of abuse and neglect and better patient outcomes.	Study Purpose		
Interview schedule and elderly abuse scale were used as instruments for data collection. Multistage sampling technique applied to take sample size of 200 elderly. Binary logistic regression analysis and multivariate binary logistic regression analysis test have been applied.	Prospective evaluation.	The cross-sectional, quantitative analytical study was carried out among 373 elders of the Syangja district of Nepal. The study population was selected through simple, proportionate, and systematic sampling methods. Data was collected through faceto-face interviews using a structured questionnaire.	Book	Design/Method		
The major findings of the study depict pervasive prevalence of psychological abuse and neglect among elderly. Regression analysis estimated that family system, area of residence, working status, prevalence of diseases, gender, working status, family behavior, autonomy, financial assault remained statistically significant predictors of elderly abuse and considered as risk factors or associated factors of abuse. Moreover, female elderly experienced more abuse than male elderly.	Data from 558 older adults, exposed to abuse and treated through the program, and interviews with victims, abusers, and professionals revealed that improvement was achieved in 66% of the cases. In 20% of the cases, the abuse was stopped. The most widespread type of intervention consisted of counseling of victims. 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). Medical treatment was the most prevalent of the supportive services (24%), followed by homecare (18%) and daycare centers (11%). These supportive services were provided mainly in cases of neglect (55%).	Most participants were female (54.5%). The prevalence of elderly abuse was found to be 54.5%. The most common form of abuse among the elderly population was neglect (23.1%), psychological abuse (20.6%), physical abuse (6.5%), financial abuse (2.4%), and sexual abuse (1.9%). Elderly females were significantly more likely to experience physical and psychological abuse.	Multidisciplinary medical response teams dedicated to elder abuse and neglect may be utilized to help evaluate suspected patients of abuse or neglect and confirming the presence of abuse.	Findings		

Table III: Data extraction table

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Cassum LA, Cash K, Qidwai W, Vertejee S, 2020 ⁵	Ali B, Batool Z, Ch MS, Mahmood S, Idrees M, 2021	Baral MA, Chhetri BK, Bhandari P, 2021	Amirmohammadi M. Nikpeyma N., Negarandeh R., Haghani S, Amrollah Majdabadi Z, 2023 ³⁰		
The purpose of this study was to explore the experiences of older adults who are brought to live in shelter homes in Karachi, Pakistan, and to identify the reasons for their admission to these institutions. The specific questions were: What circumstances and experiences contribute to older Pakistani people seeking residence in shelter homes? What are the issues and challenges faced by the older people in their lives that led to their relocation to these homes? How do these older persons cope with the move to the institutions?	The main concern of this study is to draw people's attention to the ill-treatment of older family members and relatives. This study examines the type of exploitation of the elderly by type in Pakistan and provides information on the relationship of the abuser to the older abuser, risk factors, raising awareness of the rights of the elderly and finally proposing some desirable measures to be taken to manage the problem. The research was carried out to probe the risk factors that enhance the elderly abuse and suggest some measures to control over elderly abuse and improve the status of elderly person in the state.	The present study aims to fill the gap in knowledge by finding out the reasons associated with the movement of older adults to old age homes, and the status and the factors associated with abuse of older adults prior to their transfer to old age homes.	This study aimed to assess the relationship between emotional elder abuse and the developmental function of the family.		
A qualitative methodology, with a descriptive exploratory design, was adopted for the study. A purposive sample of 14 elderly males and females were selected from two different shelter homes in Karachi, Pakistan. Semi-structured interviews were audio recorded and transcribed. Content analysis was done to extract the themes and comprehend the data.	Quantitative methodology. Sample size = 400 randomly selected respondents through an interview-based survey. Statistical analysis, including ANOVA and linear regression, was employed to identify the relationship between various risk factors and elder abuse. This approach helped determine the significant predictors contributing to elder abuse in the region of Faisal.	This study was a cross-sectional study conducted among older adults currently residing at all the old age homes of Pokhara Lekhnath Metropolitan City. Complete enumeration of the respondents was done, and data was collected consecutively, using a semi-structured interview schedule, from all older adults aged 60 years and above who had been living in the homes for at least a month. The total sample size was 109. The collected data was analyzed using descriptive statistics and binary logistic regression was used as an inferential statistic to determine the predictors of abuse.	Community-based correlational cross-sectional study was conducted.		
Content analysis revealed five major themes: the circumstances of leaving home, experiences, and challenges to wellbeing before entering the care facility, coping with challenges, and decision to live in a shelter home. The analysis discovered that the elderly were experiencing lack of physical, psychological, emotional, and financial support from their family and children. It also indicated that migration of children for better career and employment opportunities, entrance of women into the workforce, and insensitive behavior of children, left the senior citizens neglected and helpless. The findings also uncovered the challenges of unemployment and family disputes that the elderly had to face made them dependent, distressed, helpless, and lonely resulting in both they're apparently willing and forceful decision to reside in shelter homes.	The study identified several risk factors for elder abuse, including financial dependence of elders, family conflicts, and lack of social support. The results revealed that a significant proportion of elders experienced various forms of abuse, such as emotional, financial, and physical abuse. The analysis indicated that elders who are financially dependent or suffering from chronic illnesses are more vulnerable to abuse. The study highlighted the urgent need for societal awareness and support mechanisms to address elder abuse.	Most of the respondents (56.0%) came to old age homes on their own volition, 24.7% reported that they came to the homes because they were physically weak and they had no one to care for them at their residence, while 11% reported that they were forcefully sent by their caregivers. Out of total respondents, 60.6% reported that they experienced some form of abuse before they came to the old age home: most frequent was caregiver neglect (34.9%) and verbal abuse (34.9%), while few experienced financial abuses (2.8%). Women were at a higher risk of abuse than men (p<0.05, OR = 4.430, Cl = 1.695–11.577) prior to their transfer to old age homes.	The results of the study revealed that 63.4% of older adults had experienced emotional abuse. Supporting and educating families is one of the ways to deal with this problem. In addition, healthcare professionals are in a key position to monitor, document, report, prevent and intervene in elder abuse.		

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Mushtaq N, Ali R, 2020 ³³	Adigun OO, Mikhail AG, Krawiec C, Hatcher JD , 2021	Hashmi SF, Mubeen B, Tariq MI, Warris SH, Rashid A, Jafar MZ, 2020 [®]	Grover S, Verma M, Singh T, Dahiya N, Nehra R, 2020 [®]	Fundinho JF, Pereira DC, Ferreira-Alves J, 2021 "	Ezalina E, Machmud R, Effendi N, Maputra Y, 2019 ²³
The present study aims to examine challenges encountered by elderly people in Quetta city of Balochistan.	This study was carried out to find out the prevalence of different forms of abuse among elderly Nepalese people.	This study explored the frequency of elder abuse, its common forms and association with different socio demographic variables, in individuals coming to OPDs of different tertiary care hospitals of Lahore.	The study aimed to assess the burden of abuse amongst older adults visiting a primary health care center of north India.	The purpose of this study is to conduct a comprehensive review of literature that supports or contradicts six theories of elder abuse: caregiver stress theory, social exchange theory, social learning theory, bidirectional theory, dyadic discord theory, and psychopathology of the caregiver.	The study aims to determine the effectiveness of the elderly caring model as an intervention to prevent the neglect of the elderly in the family.
A random sample of 200 respondents comprising both women and men of age 60 years and above was selected and data was collected through semistructured interview schedule.	373 elderly of Biruwa Rural Municipality, Syangja District, Nepal.	A purposive convenient sampling technique was adapted to select 600 subjects (both male and female) to be included in this study on voluntary basis. Demographic details were documented, and elder abuse was assessed through a screening test "Hwalek-Sengstock Elder Abuse Screening Test (H-S EAST)" of elder abuse.	This is secondary data analysis conducted on the data collected in the primary study between September 2017 and June 2018 in northern India among 311 older adult patients attending the noncommunicable disease clinic. Diabetes mellitus and hypertension were diagnosed as per standard guidelines. Vulnerability to Abuse Screening Scale (VASS) was used to assess elder abuse. Depression, anxiety, and loneliness were assessed by using the Patient Health Questionnaire (PHQ)-9, Generalized Anxiety Disorder (GAD)-7, and University of California, Los Angeles (UCLA) loneliness 20-item scale, respectively. Multiple logistic regression was carried out to explore the factors associated with elder abuse after ruling out collinearity between independent variables.	Systematic Review 89 studies.	100 caregivers of elderly Quasi-experimental design.
The results show several problems were encountered by elderly including discrimination (65%), limited decision-making power (44%), acts of neglect and maltreatment from families (42%), verbal and physical abuse (41%), reduced social interaction (68%) and economic dependency (55.5%). These challenges were reported to have.	More than half of the elderly experienced at least one form of abuse. Neglect was found to be the most common form of abuse. The abuse was prevalent among elderly who were ill and with the habit of tobacco and alcohol consumption.	Among 600 patients, abuse was reported by 320 (54%) patients. Physical abuse was reported by 5 (0.8%), neglect 236 (39.3%) and verbal abuse 49(8.2%). Financial abuse 14(2.3%), 89 were (14.8%) financial dependent. Ioneliness was noted in 320 (53.5%) of elders.	About 24% of older adults experienced abuse in the last 12 months. One-fourth of the older adults reported vulnerability, nearly half reported coercion and dejection, and most of them reported experiencing dependence. Participants also had a high prevalence of anxiety (39%), depression (54%), and features suggestive of loneliness (38.6%). Multiple logistic regression analysis showed that abuse was predicted by educational status, per-capita income, and loneliness.	ccording to Social Exchange Theory, proposed by Thibault and Kelley in 1959, due to the age factor, adults become weak, vulnerable, and dependent on other family members, which increases the responsibilities of caregivers, making them overwhelmed and frustrated, resulting in becoming the victim of elder abuse.	It was from the study that Elderly Caring Model was found to be effective in increasing family support, and increasing health duties of elderly on family members, and improving behaviors to prevent elderly neglect.

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Storey JE, Hart S, Perka MR, 2022 ²⁴	Shen Y, Sun F, Zhang A, Wang K , 2021 ²⁹	Saghafi A, Bahramnezhad F, Poormollamirza A, Dadgari A, Navab E, 2019 ³⁴	Podgorica N, Flatscher-Thöni M, Deufert D, Siebert U, Ganner M, 2021 ³⁵	Pillemer K, Burnes D, Riffin C, Lachs MS, 2016 ²⁸	
This study aims to provide guidance related to the use of risk management across all elderly abuse cases by answering the following questions: (a) What interventions are being utilized in cases of elderly abuse? (b) are those interventions effective in the management of ederly abuse?	This study aims to identify the pooled effect size of prevention and interventions targeted ultimate and intermediate outcomes for elder abuse that occurred in community settings.	To examine the ethical challenges in the management of elder abuse.	To review the ethical and legal issues in elder care.	The aim to provide an overview of global issues in the field of elder abuse, with a focus on prevention.	
Secondary analysis of 164 cases of elderly abuse reported to the Elder Abuse Resource and Supports Team (EARS) in Edmonton, Canada.	Systematic review and Metanalysis Six studies were included in this review.	Systematic review of studies addressing ethical challenges in elder abuse management (no specific sample size).	Systematic review of studies focusing on ethical and legal issues in elder care (no specific sample size).	Scoping Review.	
Following interventions were identified through this study. Monitoring by conducting surprise home visits and observing the actions and clues of victims in day care visits. Imposing legal restrictions on perpetrators. Offering social support, substance abuse support, and mental health treatment to perpetrators, if these are the underlying causes. Offering legal support to victims and referring them to support services. Also providing safe shelter to victims with alarm monitoring system. Additionally, for the wellbeing of victims, mental, emotional, and physical health services, and substance abuse care must be provided. Also, friends, family, and other multidisciplinary teams must be encouraged to support the victims of elderly abuse.	Interventions that used a family-based model, combined education and supportive services, and targeted both caregivers and elders, showed significant effect size, suggesting such features being considered in elder abuse intervention design.	Ethical challenges in elder abuse management include issues of autonomy, confidentiality, and the duty to protect. Greater ethical guidance is needed for healthcare professionals dealing with elder abuse cases.	There are significant ethical and legal challenges in elder care, including consent, autonomy, and safeguarding issues. The study suggests that clear legal frameworks and ethical guidelines are necessary for better elder care practices.	This article discusses different types of elder abuse like physical, financial, sexual, emotional/psychological, neglect, and aggregated abuse. Along with that this review also identified individual and potential risk factors for perpetrator, victim, and society like mental illness, substance abuse, age, financial dependence etc. Strategies to prevent elder abuse like daycare services for elders, support groups for caregivers to reduce caregiver role strain, money management programs, helplines, emergency shelter, multidisciplinary teams were also identified in this review.	

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Yon Y, Mikton CR, Gassoumis ZD, Wilber KH, 2017	Yan E, To L, Wan D, Xie X, Wong F, Shum D, 2022	Yan E, Chan KL, Tiwari A, 2015 ³⁶	Yalçın Gürsoy M, Tanriverdi G, 2023	Wong BWY, Yan E, 2024 ²⁶	
The aim of this study is to quantify and understand prevalence of elder abuse at the global and regional levels.	This study address following two questions: What are the essential elements of elder abuse interventions? What can be done to improve current interventions?	The unique features of Asian cultures that are relevant to the understanding of elder abuse and summarizes the existing literature looking at the prevalence and risk factors of such abuse in Asian populations.	The purpose of this study is to identify the prevalence and related risk factors of elder abuse based on studies conducted in Turkey. The research questions are as follows: 1. What is the prevalence of elder abuse in Turkey? 2. What are the risk factors for elder abuse.	The aim of the study was to evaluate the current evidence generated by RCTs for improving healthcare professionals prevention of elder abuse.	
Systematic review and meta-analysis.	Qualitative design with focus group interviews 32 frontline nursing and social work professionals.		Nine articles on research carried out in Turkey over the period published in 2010–2020 on the prevalence of elderabuse and a reported risk factor were included in the study. The sample of the studies consisted of 3941 olderadults.	Systematic review Five studies employing Randomized controlled Trial (RCT).	
Although robust prevalence studies are sparse in low-income and middle-income countries, elder abuse seems to affect one in six older adults worldwide, which is roughly 141 million people. Nonetheless, elder abuse is a neglected global public health priority, especially compared with other types of violence.	The results of the study showed that timely identification of victims of elder abuse through screening to differentiate elder abuse from accidental injuries, importance of engaging stakeholders in elder abuse detection like legal and healthcare professionals, providing tangible support to victims in the form of financial support, providing food, shelter, and clothing, peersupport groups in which victim survivors can offer support and share coping strategies with recently abused elders, alleviating burden of care givers, and creating public awareness regarding senior citizen rights and elder abuse, are a few of the strategies to prevent elder abuse cases and support elder abuse victims.	•	13.3%-28.5% of the older adults were detected to be subjected to some form of abuse, 2.7–26.8% to physical abuse, 5.9–23.4% to psychological abuse, 2.1–26.9% to economic abuse, 0–12.6% to sexual abuse, and 3.9%-56.5% to neglect and various risk factors pave the way for abuse.	The results of the study showed that all the programs improved the participants' knowledge of the detection of elder abuse at the post-intervention test compared with those who did not undergo an educational intervention. Additionally, those who participated in the intervention experienced a 9.29 % to 29.8 % increase in the ability to identify elder abuse cases compared with the control group. The content design needs to be tailored to fit both more experienced and less experienced audiences. Flexible modes of delivery should be considered to cater for the needs of different professionals. Including booster sessions might also improve the long-term efficacy of such programs.	

A scoping review in 2016 identified several preventive strategies, including reducing caregiver burden through services such as housekeeping, meal preparation, adult daycare, and support groups.²⁸ Similarly, a systematic review in 2019 reported that supportive services and awareness programs for both older adults and caregivers were effective in preventing abuse. 29 Financial abuse prevention may involve assisting vulnerable older adults with bill payments, bank transactions, and remuneration for home care personnel. Helplines dedicated to older people, as well as shelter homes, serve as critical interventions by enabling timely reporting and providing safe environments.

Comprehensive prevention efforts must also involve coordinated multidisciplinary services, including mental and physical healthcare, victim and financial support services, adult protective services, legal aid, and criminal justice involvement. A crosssectional study from Iran in 2023 emphasized the importance of family support and education in addressing elder abuse.30 Healthcare professionals play a vital role in identifying, reporting, and managing elder abuse. In Pakistan, the Ministry of Human Rights (MoHR) has taken preliminary steps by establishing helpline 1099 to receive elder abuse complaints.31 Preventive strategies and interdepartmental coordination remain essential for reducing violence against older adults (See Figure 2).

Legal considerations for the prevention of elderly abuse: The legal, social, and cultural factors in Pakistan all add to the challenge of successfully curbing elder abuse. Examining the moral and legal dimensions of elder abuse in Pakistan is crucial, with a focus on the current legal framework, societal norms, and the moral duties of society. The legal system in Pakistan pertaining to elder abuse is continuously developing. Although there are laws in the nation that are made to deal with different types of abuse and violence, they aren't implemented appropriately.32

The wellbeing of senior citizens is the subject of numerous provincial and fe-

deral initiatives. According to the Senior Citizens Act of 2014, which was established by the Senior Citizens Welfare Council, and it is further complemented by the Senior Citizens Welfare Acts of Baluchistan (2017), Sindh (2017), and Khyber Pakhtunkhwa (2014). These legislations provide welfare benefits and legal protection for the elderly, while the National Program for the Health Care of the Elderly (NPHCE) aims to deliver co-mprehensive healthcare services.

Pakistan's judicial system encounters significant barriers to implementing these acts, including a lack of awareness, administrative obstacles, and insufficient funding. Corruption, inadequate investment, and insufficient training of law enforcement personnel result in uneven enforcement of the law. The legal system might proceed slowly, discouraging victims and their families from pursuing legal options. Moreover, elder abuse remains unreported because the victims are afraid of social disgrace or punishment.³³

Ethical aspects in preventing elder abuse: Elder abuse in Pakistan constitutes a serious ethical violation of the core social values of respect, dignity, and care. Ethically, it reflects a failure to uphold the moral duty to protect vulnerable individuals and safeguard their rights. While Pakistan's familycentric culture emphasizes reverence for elders, it may inadvertently contribute to the concealment of abuse due to the tendency to treat family matters privately and avoid external intervention.34 Healthcare pr-ofessionals, social workers, and caregivers bear an ethical responsibility to recognize and respond to signs of elder abuse. Ethical guidelines emphasize principles such as confidentiality, informed consent, and mandatory reporting. However, ethical dilemmas arise when perpetrators are family members, as intervention may exacerbate familial tensions and further endanger the victim.34 A significant ethical challenge involves balancing respect for the autonomy of older adults with the imperative to protect them from harm. Many elders are reluctant to report abuse or seek help due to fears of losing independence, underscoring the need for sensitive, person-centered approaches that uphold both safety and self-determination.

Limitations of the study

- . The review may not have included all relevant data due to limitations in their search strategy.
- Studies published in English were selected, potentially excluding significant research published in other languages.
- Studies from the past 10 years were included so there is a chance of missing significant studies before that time period.

CONCLUSION

This narrative review synthesized the existing literature on elder abuse in Pakistan. The findings emphasize the need for effective interventions and prevention strategies, particularly those informed by the ecological framework, to address this underreported issue. Despite challenges such as social stigma and lack of awareness, comprehensive strategies that involve healthcare providers, families, and policymakers are crucial for mitigating elder abuse. The review underscores the importance of multi-faceted ap-proaches to prevention and care, with further research needed to evaluate and refine these strategies in practice.

Addressing elder abuse in Pakistan also requires a comprehensive approach that integrates legal, ethical, and professional dimensions. Strengthening legal frameworks, ensuring effective enforcement, and promoting ethical practices are critical steps in mitigating elder abuse. Initiatives like the establishment of the Senior Citizens We-Ifare Council and various provincial acts represent significant progress in this area. Public awareness campaigns are essential for educating the community on recognizing elder abuse, understanding its implications, and knowing how to report it. Furthermore, training law enforcement and healthcare professionals is key to ensuring early detection and effective management of abuse cases. By addressing both the legal and ethical dimensions of elder abuse, Pakistan can create a safer and more supportive environment for its elderly population.

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AUTHORS' CONTRIBUTION

The following authors have made substantial contributions to the manuscript as under:

SMAL, SS, MMK & LAC: Conception and study design, acquisition, analysis and interpretation of data, drafting the manuscript, critical review, approval of the final version to be published

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

CONFLICT OF INTEREST

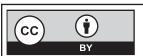
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DATA SHARING STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request



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