



Original Research Article

A cross sectional study to assess the elder abuse among geriatrics at selected rural community areas, devrayasamudra, Kolar

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Abstract

Background: Elder abuse remains a pervasive yet neglected concern, especially within the socio-cultural fabric of developing regions.

Objective: This study delves into the hidden burden of elder abuse in a rural community area of Kolar, India, with a focus on its correlation with key sociodemographic determinants.

Materials and Methods: Utilizing a community-based cross-sectional design, 150 elderly individuals were surveyed using a validated structured questionnaire. The prevalence of abuse was estimated, and associations with sociodemographic variables were explored using chi-square statistical analysis.

Results: A concerning prevalence of elder abuse was revealed, with statistically significant associations noted for age ($p=0.0173$), religion ($p<0.00001$), education ($p<0.00001$), marital status ($p<0.00001$), family type ($p=0.0158$), and living arrangements ($p<0.00001$). Interestingly, variables such as gender, family size, and socio-economic status did not demonstrate a significant influence.

Conclusion: This study illuminates the multifaceted nature of elder abuse and its strong linkage to specific social determinants. The evidence calls for culturally sensitive, demographically targeted strategies to combat elder abuse and promote dignity in aging within vulnerable communities.

Keywords: Elder abuse, Prevalence, Socio-demographic factors, Cross-sectional study

Received: 28-06-2025; **Accepted:** 21-07-2025; **Available Online:** 21-08-2025

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1. Introduction

Aging is often portrayed as a time of rest, reflection, and respect a stage in life of individuals reap the rewards of a lifetime of contributions to the families and communities.¹⁻³ However, for a growing number of elderly individuals, this phase is marked by an alarming and distressing reality: abuse, neglect, and marginalization. Elder abuse, defined as a single or repeated act or lack of appropriate action that causes harm or distress to an older person, is a global public health and human rights issue. It encompasses physical, emotional, sexual, and financial abuse, as well as neglect and abandonment.⁴⁻⁵

Globally, the World Health Organization estimates that one in six people aged 60 years and older experiences some form of abuse. Yet this figure is likely to be a gross

underestimation, as elder abuse remains a deeply hidden issue due to fear, shame, dependency on caregivers, and lack of awareness about reporting mechanisms. In countries like India, where aging populations are expanding rapidly due to increased life expectancy and declining birth rates, the issue is becoming increasingly significant.⁶⁻⁷

Traditionally, Indian society has emphasized joint family structures, where elders are respected and cared for. However, socio-economic changes, urban migration, modernization, and the breakdown of joint families have disrupted these support systems.⁷⁻⁸ The increasing pressures of caregiving, financial strain, and generational gaps in values have led to rising instances of abuse, often perpetrated by the elderly trust most their own family members.⁹⁻¹⁰

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<https://doi.org/10.18231/j.agems.v.12.i.1.7>

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Despite this growing concern, elder abuse remains under-researched in many parts of India, especially in community settings such as rural and semi-urban areas. Kolar, a district with a significant elderly population, presents a unique setting where traditional values intersect with changing social dynamics. A lack of data from such regions makes it difficult to develop targeted interventions or advocate for elder-friendly policies.¹⁰⁻¹²

This study seeks to explore the prevalence, patterns, and risk factors of elder abuse in selected community areas of Kolar. It aims to bring visibility to a silent crisis, raise awareness, and ultimately contribute to the protection and empowerment of the elderly.¹³⁻¹⁴

1.1. Need for the study

The need to investigate elder abuse in India, particularly in community-based settings, has never been more critical. According to the Census of India 2011, the elderly population (aged 60 and above) constituted 8.6% of the total population, and this is expected to reach 19% by 2050. As this demographic grows, so does the need to understand the challenges they face, especially those related to their safety, dignity, and mental well-being.¹⁴⁻¹⁵

In regions like Kolar, the elderly often lives in semi-urban or rural households with limited access to healthcare, legal protection, or social support systems. With high dependency on caregivers mostly family members these individuals are at increased risk of neglect and abuse. Unfortunately, the cultural expectation to remain silent about family issues, combined with a lack of awareness and support services, results in significant underreporting of such incidents.¹⁵⁻¹⁸

Moreover, elder abuse has wide-ranging consequences, not only on the physical health of the victim but also on their psychological and emotional well-being. Depression, anxiety, social withdrawal, chronic illnesses, and even increased mortality have been linked to abuse. The economic burden on healthcare systems is also significant, as abused elders are more likely to require hospitalization and long-term care.¹⁸⁻¹⁹

1.2. Key statistics on elder abuse in India

Prevalence Range: Studies indicate that elder abuse prevalence in India ranges from 9.6% to 61.7%.

Types of Abuse:

1. **Psychological abuse:** Most common, with some studies reporting up to 71% prevalence among abused elders.
2. **Neglect:** Reported in approximately 32.9% of cases.
3. **Financial abuse:** Accounts for about 13.9%.
4. **Physical abuse:** Less common, around 0.7%.

1. **Urban vs. rural:** Elder abuse is more prevalent in rural areas (50.7%) compared to urban areas (38.6%), possibly due to factors like lower literacy rates and limited access to support services.
2. **Gender disparity:** Women are more susceptible to elder abuse, with studies indicating higher prevalence rates among elderly females compared to males.

Most existing studies are either hospital-based or conducted in urban centers, thereby neglecting the ground realities of rural and community-based elderly populations.¹⁹⁻²⁰

Therefore, this study is essential to:

1. Assess the magnitude and forms of elder abuse in a real-world, community-based context.
2. Identify sociodemographic and familial factors associated with elder abuse.
3. Provide evidence that can be used to develop awareness campaigns, community-based interventions, and healthcare strategies.
4. Assist in the formulation of region-specific policies and support services that cater to the unique needs of the elderly population in Kolar and similar settings.²¹⁻²²

By highlighting the lived experiences of the elderly and giving voice to their silent suffering, this study aims to promote dignity, safety, and respect for our aging population.

2. Materials and Methods

2.1. Research design

Adopted for this study was Cross sectional descriptive survey design

2.2. Variables

1. **Research variables:** Prevalances of Elder abuse among elderly
2. **Baseline variables :** Age, gender, marital status, address, religion, type of family, family members, Residence, Staying with, qualification status, occupation, ownership of the house, and Socioeconomic status.
3. **Setting:** The study setting selected for the study is selected community areas Devarayasamudra, Kolar.
4. **Population:** the population selected for the study is elder people residing at selected community areas, Kolar
5. **Sample:** elder people (60 years and above) who is suffering from any form of abuse in selected community areas, Kolar.
6. **Sample and sample size:** 150 to 200 elderly people in selected community areas, Kolar.
7. **Sampling technique:** Systematic random sampling technique Every n^{th} house will be approach in the community for data collection.

2.3. Inclusion criteria

1. Both male and female with an age group of 60 years and above.
2. Elderly who could understand Kannada.

2.4. Exclusive criteria

1. The old age people who were not willing to participate in the study.
2. Old age people who are suffering from psychological issues.

2.5. Data collection tool

The tool used for assessing the old age abuse

1. **Section A:** socio demographic proforma: Age, gender, marital status, address, religion, type of family, family members, Residence, Staying with, qualification status, occupation, ownership of the house, and Socioeconomic status.
2. **Section B:** Geriatric mistreatment scale consists of 20 items selected for the study. (Geriatric Mistreatment Scale was developed in 2013 by Giraldo-Rodriguez and Rosas-Carrasco (Development and psychometric properties of the Geriatric Mistreatment Scale) to assess elder mistreatment.

2.6. Method of data collection

Data will be collected in the following steps

1. **Step 1:** Ethical clearance will be obtained from the Institutional Ethical Committee of Sri Devaraj Urs College of Nursing, Tamaka, Kolar.
2. **Step 2:** Formal permission will be obtained from the concerned medical officer of selected Community areas, Kolar.
3. **Step 3:** As an investigator, the study objective, purpose and duration of study will be explained and obtain informed consent and participant information sheet from the participants.

4. **Step 4:** 150 samples will be selected using Systematic random sampling technique.
5. **Step 5:** The survey is carried out until the desired sample achieved for the study, using the questionnaire.
6. **Step 6:** Based on the survey, responses of the elderly will be scored and analysed using descriptive and inferential statistics.
7. **Step 7:** Finally thank all the participants.

2.7. Procedure of study

Study conducted to assess the elder abuse among elderly at selected community areas by using the standardized geriatric mistreatment scale consisting of 22 items. Samples are recruited by using systematic random sampling technique and informed consent will be obtained before start of the study. By using tool, sociodemographic proforma and GMS, data will be asked and obtained responses from the samples based on the responses data will be analysed using descriptive and inferential statistics. And the percentage of prevalence will be estimated in that community areas based on this further awareness programmes can be initiated.

2.8. Plan of data analysis

1. Elderly abuse will be assessed by using elder abuse questionnaire among the elderly.
2. Frequency, Percentage to assess the socio demographic variables & prevalence rates.
3. To find out the association between elder abuse and selected demographic variables.

2.9. Ethical clearances

Ethical clearances were granted from the institutions ethical committee, Sri Devaraj Urs College of Nursing and to conduct the study permission got from Medical officer. Information was taken from study participants before collecting the data.

Section A: Socio demogarpthic Proforma

Table 1: Distribution of baseline characteristics in terms of frequency and percentage N = 150

Sl. no	Sample characteristic	Frequency (f)	Percentage (%)
1.	Age (in Years)		
	60-65	69	46
	66-70	34	22.7
	71-75	23	15.3
	76-80	24	16
2.	Gender		
	Male	63	42
	Female	87	58
3.	Religion		
	Hindu	140	93.3
	Christian	1	0.7
	Muslim	9	6
4.	Education		
	Formal Education	1	0.7
	No Formal Education	149	99.3

5.	Marital Status		
	Married	127	84.7
	Unmarried	3	2
	Widow/Widower	20	13.3
6.	Type of family		
	Nuclear family	44	29.3
	Joint family	106	70.7
7.	Number of family members		
	Less than 5	44	29.3
	Greater than 5	106	70.7
8	Socio economic status		
	APL	0	00
	BPL	150	100
9	Staying with		
	Son and his family	133	88.7
	Daughter and her family	14	9.3
	Neighbor/Relatives	0	0
	Alone	3	2
10	Source of information		
	Mass Media	9	6
	Neighbor	70	46.7
	Relatives	71	47.3

Table 2: Association of elder abuse scores with selected demographic variables N= 150

Sl. no	Variables	Mild	Moderate	Chi square	df	P value (0.05)	Inference
1	Age (in Years)						
	a.60-70	95	6	5.661	1	.0173	SS* p < .05.
	b. 71-80	40	9				
2	Gender						
	a.Male	55	8	0.201	1	.653	NS P<.05
	b.Female	78	9				
3	Religion						
	a.Hindu	120	10	32.2195.	1	0.00001.	SS* p < .05.
	b.Muslim	9	11				
4	Education						
	a.Formal Education	120	10	37.893	1	0.00001	SS* P<.05
	b.No formal Education	8	12				
5	Marital Status						
	a.Married	125	7	33.21.	1	0.00001.	SS* p < .05.
	b.Widow/Widower	09	9				
6	Type of Family						
	a.Nuclear	34	11	5.8245.	1	.0158	SS* P<.05
	b.Joint	95	10				
7	Number of family members						
	a.Less than 5	32	10	1.016	1	.3134	NS P<.05
	b.Greater than 5	90	18				
8	Socio economic Status						
	a. APL	0	0				
	b.BPL	149	1				
9	Staying with						
	a.Son and his family	125	6	21.818	1	0.00001	SS* P<.05
	bDaughter and her family	12	7				
10	Source of information						
	b.Neighbor	61	8	0.019	1	.8877	NS P<.05
	c.Relatives	71	10				

Table value 3.84; p<0.05

Note : $P < 0.05$, *SS- statically significant ,NS- Non significant, Table value df-1 (3.84)

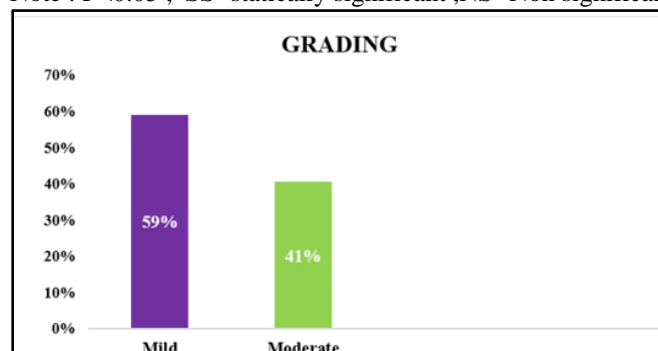


Figure 1: Distribution of samples according to grading of abuse

Figure 1: Depicts that, As per the objective of the study regarding the information of elder abuse according to grading of abuse were considered and the result revealed that, 59.3% of the study participants have mild abuse, 40.7% of the study participants have moderate abuse.

Table 2 revealed that, The association of elderly abuse with selected socio demographic variables the findings found substantial relationship between Age, Religion, Education, Marital status, Type of family, Staying with.

3. Discussion

The present cross-sectional study was undertaken to assess the prevalence and factors associated with elder abuse among elderly individuals residing in a selected community area of Kolar. A total of 150 elderly individuals were selected using systematic random sampling, and data were collected using a structured questionnaire.

The findings revealed that 59.3% of participants experienced mild abuse, while 40.7% faced moderate abuse, indicating that a significant proportion of the elderly population is subjected to some form of mistreatment. These results are consistent with findings from other Indian community-based studies that highlight psychological and emotional neglect as the most common types of abuse.

Analysis of socio-demographic associations showed statistically significant relationships between elder abuse and variables such as age, religion, education, marital status, type of family, and cohabitation status. However, variables such as gender, number of family members, socio-economic status, and source of information did not show a significant association.

A similar study titled "Prevalence and Determinants of Elder Abuse among Rural Elderly in Tamil Nadu, India" was conducted by Madhanraj et al. at Kanchipuram District, Tamil Nadu. The aim of the study was to assess the prevalence and determinants of elder abuse among the rural elderly population. Cross-sectional study involved 250 elderly individuals aged 60 years and above, selected through systematic random sampling. Data were collected using a

pre-tested structured questionnaire and the Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST). The results revealed that 24.5% of participants experienced some form of abuse, with neglect (12%) and psychological abuse (10.5%) being the most common types. Discussion of the findings indicated that elder abuse was significantly associated with factors such as female gender, dependency on caregivers, lower educational status, and living with children. The study concluded that elder abuse is a substantial hidden problem in rural Tamil Nadu, necessitating community awareness programmes, caregiver education, and strengthening of social support systems to address the issue effectively and protect the dignity of elderly individuals.²⁶

These results emphasize the multifactorial nature of elder abuse, shaped by both personal and environmental factors. The findings underscore the need for targeted interventions focusing on vulnerable groups, especially those with limited education, living alone, or in unsupportive family environments.

3.1. Limitations of the study

The study is limited to Only cross-sectional survey design and one particular geographical area.

4. Conclusion

This study reveals that elder abuse is a prevalent and serious issue among the elderly in the selected community area of Kolar. With nearly all respondents experiencing either mild or moderate abuse, it is evident that elder abuse is under-acknowledged and under-reported.²⁴⁻²⁵

The strong association with key demographic variables highlights the importance of context-specific prevention strategies. The study further supports the distribution of informational materials to raise awareness and empower elderly individuals and caregivers alike.

4.1. Nursing implications

4.1.1. Nursing practice

1. Nurses must be vigilant in identifying signs of abuse during community and clinical visits.
2. Building trusting relationships with elderly patients is crucial to encourage disclosure.
3. Nurses should serve as advocates for elder safety and link individuals to appropriate resources and support systems.

4.1.2. Nursing education

1. Curricula must integrate content related to elder abuse, including prevention, detection, and reporting.
2. Student nurses should participate in community education programs and simulations that enhance their understanding of elder abuse scenarios.

3. Training should focus on building communication and counselling skills relevant to vulnerable elderly populations.

4.1.3. Nursing administration

1. Institutions must establish policies and protocols for the early detection and management of elder abuse.
2. Regular in-service training programs should be mandated to keep nursing staff updated on best practices in elder care.
3. Administrative support should foster an environment where nurses feel safe and empowered to report and intervene in cases of abuse.

4.1.4. Nursing research

Further studies are needed to explore elder abuse dynamics across diverse community settings. Research should focus on developing evidence-based interventions and assessing their effectiveness.²⁵

5. Recommendations

1. Establish helplines and counseling centers.
2. Community sensitization programs.
3. Mandatory training for caregivers and social workers.

6. Source of Funding

None.

7. Conflict of Interest

None.

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Cite this article: Vani R, Jose A, Harinandhana, Pallavi, Dhiya, Rainu, Jesiley, Emin Varghese, Gopika. A cross sectional study to assess the elder abuse among geriatrics at selected rural community areas, devrayasamudra, Kolar. *Ann Geriatrics Educ Med Sci*. 2024;12(1):33-38.