

ELDER ABUSE AND DEPRESSION AMONG ELDERLY PERSONS IN PUBLIC HEALTH CENTRES IN OBIO-AKPOR LOCAL GOVERNMENT AREA OF RIVERS STATE

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ABSTRACT

This study investigated elder abuse and depression among elderly persons attending public health centres in Obio-Akpor Local Government Area of Rivers State. A correlational research design was adopted and a stratified random sample of 830 elderly persons (aged 60 years and above) was selected from public health facilities across the LGA. Standardized instruments, including the Physical Abuse Scale, Neglect Scale, Financial Exploitation Scale, Emotional Abuse Scale and the Geriatric Depression Scale (GDS-15), were used for data collection. Simple regression analysis revealed that physical abuse ($R^2 = .242$, $p < .001$), neglect ($R^2 = .279$, $p < .001$), financial exploitation ($R^2 = .219$, $p < .001$) and emotional abuse ($R^2 = .315$, $p < .001$) significantly predicted depression among elderly respondents. Emotional abuse emerged as the strongest predictor, explaining 31.5% of the variance in depression scores. The findings underscore the urgent need for elder protection policies, improved caregiver training and psychosocial support programs to mitigate abuse-related depression among older adults. Strengthening community awareness and social protection systems is recommended to safeguard the dignity and mental health of Nigeria's rapidly growing elderly population.

Keywords: Depression, Elderly Persons, Physical abuse, Financial exploitation, Public health centres.

INTRODUCTION

Depression is among the most prevalent mental health disorders globally, affecting individuals across all ages, genders and cultural backgrounds. In older adults, however, depression presents unique challenges, as it is frequently under-recognized and inadequately treated (World Health Organization [WHO], 2017). Late-life depression can have severe implications, including a decline in quality of life, compromised physical health, functional impairment and an increased risk of mortality (Adeyemo et al., 2016). Symptoms of depression in elderly persons commonly include persistent sadness, hopelessness, diminished interest in previously enjoyable activities and somatic complaints. Unlike younger populations, depression in older adults is often misdiagnosed or mistakenly attributed to normal aging, bereavement or chronic physical illnesses (Abdulmalik et al., 2013).

WHO (2017) reports that approximately 7% of the global elderly population suffers from depression, though this is likely an underestimate due to diagnostic and reporting difficulties. Research further shows that between 10% and 20% of older adults in Nigeria experience depressive symptoms, making it a significant public health concern (Adeyemo et al., 2016). The global population is rapidly aging, with projections indicating that the number of people aged 60 and above will nearly double from 900 million in 2015 to 2 billion by 2050 (WHO, 2017). Mental and neurological disorders among older adults account for 6.6% of the total disability burden for this age group, with depression being the most prevalent condition, affecting nearly 15% of individuals aged 60 years and above (Haseltine, 2018; Abdulmalik et al., 2013). Geriatric depression often goes unnoticed and untreated because it is still widely considered a normal part of aging.

The disability burden associated with late-life depression is projected to rise significantly in the coming years (Whiteford et al., 2013). Observational studies indicate that, compared with high-income countries (HICs), the disability weight of late-life depression may be considerably higher in

low-income countries (LICs), including those within sub-Saharan Africa (SSA) (Gureje et al., 2011). Unlike findings from HICs (Savva et al., 2013; Darker et al., 2016), the social determinants of late-life depression in SSA appear to be shaped by distinct contextual factors. Specifically, older adults in SSA are exposed to multiple vulnerabilities, including widespread poverty, social deprivation, a high prevalence of infectious diseases and an increasing burden of non-communicable diseases, all of which heighten the risk of depression in later life (Cappuccio & Miller, 2016; Ojagbemi et al., 2017).

Traditionally, in many low-income African societies, older persons were primarily cared for within the family unit, often residing with their adult children and grandchildren. These intergenerational arrangements were rooted in strong cultural values of reciprocity and filial obligation, functioning as a substitute for formal old-age pension systems and other institutionalized social support structures (Aboderin, 2003; Pillay & Maharaj, 2013; Williams, 2018). However, these cultural norms are weakening under the pressures of urbanization, globalization and expanded educational and employment opportunities for younger generations. Research suggests that rising poverty and economic strain have further reduced the capacity of younger adults to adequately support older relatives, potentially exacerbating the risk of late-life depression in SSA compared to developed regions (Aboderin, 2004).

Elder abuse is broadly defined as any act or failure to act that causes harm, distress or risk to an older person, typically perpetrated by someone in a position of trust such as a caregiver, family member or institutional worker (Olukoya et al., 2020). Depression, conversely, is a common mental health disorder characterized by persistent sadness, loss of interest or pleasure in daily activities and a range of emotional and physical disturbances. Of particular concern is the strong link between elder abuse and the onset or worsening of depression among older adults (Olukoya et al., 2020). With the global elderly population growing rapidly, greater attention has been directed toward the mental health challenges of aging, with depression recognized as one of the most critical issues. Factors such as chronic physical illnesses, social isolation and exposure to abuse exacerbate depression in older adults. The trauma and sustained psychological stress associated with abuse are especially harmful, often precipitating depressive symptoms or deepening existing ones (Adeoye et al., 2021).

Elder abuse frequently manifests when essential care and support are withheld or unavailable. The absence of formal and informal services ranging from healthcare and counselling to financial and material assistance creates an environment where neglect and mistreatment thrive (Dokpesi & Omoruyi, 2014). The overall health and wellbeing of older adults are strongly influenced by the level of social and institutional support they receive from family, community and government structures. In Nigeria, however, psychosocial support systems for the elderly remain largely inadequate. Many older persons face neglect, poverty and abandonment, leaving them to rely on charity or street begging for survival (Akanni & Ambrose, 2014). One of the suspected issues causing depression among elderly persons is physical abuse.

Physical abuse of older adults encompasses behaviours such as hitting, slapping, restraining or otherwise inflicting harm that causes injury, pain or physical discomfort. Beyond the immediate bodily harm, physical abuse has far-reaching emotional and psychological effects, with depression being one of the most significant outcomes (Dong & Simon, 2013). Many elderly persons are also subjected to physical restraint, neglect or forced isolation, which not only result in physical suffering but also foster a sense of helplessness and fear. Such circumstances often silence victims due to fear of retaliation or social stigma, leaving cases of abuse undetected and unreported (Dong & Simon, 2013). The consequences of physical abuse are not limited to short-term injuries; they often extend to long-term trauma. Older adults who sustain injuries may experience reduced mobility, chronic pain and loss of independence, all of which can precipitate or aggravate depressive symptoms. The inability to perform daily activities without assistance or the persistent fear of harm from caregivers can contribute to feelings of powerlessness and vulnerability, significantly increasing the risk of depression (Dong & Simon, 2013). Empirical research supports this connection.

Weissberger et al. (2020) found that elderly individuals who reported experiencing physical abuse demonstrated significantly higher levels of depressive symptoms than their non-abused counterparts.

Elder neglect, though now widely recognized, emerged as a distinct concept only a few decades ago and was initially referred to as "granny battering" in the 1970s (Ayres & Woodtli, 2016; Brook, 2018). Neglect is a specific form of elder abuse that occurs when an older person is denied access to basic necessities such as adequate nutrition, medical care, safe shelter and social interaction. Such deprivation not only contributes to physical decline but also exacerbates psychological distress, loneliness and social isolation (Habjanic & Lahe, 2016). Early research on elder neglect was pioneered in the United Kingdom (UK) and the United States of America (USA), with each region conceptualizing the problem differently. In the UK, attention was directed primarily toward neglect occurring within institutional and medical settings, whereas in the USA, elder neglect was viewed largely through the lens of family violence and domestic abuse (Habjanic & Lahe, 2016). Recent studies have established a strong association between neglect and poor mental health outcomes among older adults. Özer and Tanrıverdi (2023) found that elderly persons exposed to neglect, as well as physical and emotional abuse, reported significantly higher depression scores compared to those not exposed to such maltreatment.

Elder financial exploitation refers to the unjust, improper or illegal use of an older person's resources, property or assets for personal gain (National Research Council, as cited in Bonnie & Wallace, 2003). This form of abuse can take multiple forms, including the misuse of funds by a power of attorney or trustee, check forgery, unauthorized withdrawals from joint accounts, theft of pensions or social security income and illegal property transfers. In some cases, exploitation may also involve coercion, intimidation, manipulation or undue influence to gain control of an elderly person's finances (Bonnie & Wallace, 2003). Financial exploitation is sometimes referred to as material abuse, fiduciary abuse or economic victimization. Its impact can be severe, as it not only deprives older adults of financial security but also leads to psychological harm. Lavery et al. (2020) found that older adults who experienced financial exploitation reported significantly higher levels of trauma symptoms and depression compared to those who had not been exploited. The emotional toll of betrayal by trusted individuals or institutions compounds the material losses, leaving victims vulnerable to further mental health challenges.

Emotional abuse, though often subtle and less visible than physical harm, is profoundly damaging to the psychological well-being of older adults. It consists of behaviours or words that inflict emotional distress, humiliation or mental anguish and can include verbal threats, insults, isolation, manipulation and intimidation (EmanBaleeghMeawad et al., 2019). In Nigeria, as in many other societies, emotional abuse is frequently overlooked because it does not leave physical evidence. It is commonly perpetrated by family members, caregivers or others in positions of trust, with economically or physically dependent elderly individuals being particularly vulnerable to manipulation and mistreatment (EmanBaleeghMeawad et al., 2019). Despite Nigeria's cultural traditions that emphasize respect and honour for older adults, the increasing occurrence of emotional abuse highlights a worrying contradiction to these long-held values. This form of abuse can manifest in several ways, including verbal insults, mockery, public embarrassment and belittling comments. Such experiences may occur within the family home, in institutional care facilities or during interactions with the wider community. Emotional abuse is one of the most underreported forms of elder mistreatment, yet it can be one of the most psychologically destructive, contributing to feelings of worthlessness, anxiety and depression (EmanBaleeghMeawad et al., 2019).

The current rate of elder abuse in public health centres in Obio-Akpor Local Government Area of Rivers State is alarming and calls for investigation. Elder abuse is an underreported social issue globally, with a particularly concerning prevalence in public health centres in Obio-Akpor Local Government Area of Rivers State. A growing number of elderly individuals are becoming exposed to various forms of abuse, including physical, emotional, financial and psychological maltreatment. Despite cultural norms that traditionally emphasized respect and care for older persons, modern

socio-economic pressures, shifting family issues and weak social protection systems have led to a rise in elder abuse across the country. As a result, the elderly, who were once seen as custodians of wisdom and leadership, are now often neglected, isolated and mistreated by family members, caregivers and even the larger society. One of the most common consequences of elder abuse is its impact on mental health particularly depression. Depression is a common but often overlooked mental health condition among elderly persons, characterized by feelings of persistent sadness, hopelessness and a loss of interest in life. It is no doubt that when these elderly persons become abused, they experience depression and it could be observed by the researcher that most of these elderly persons are abused especially by their caregivers. It could also be observed that less attention is given to elder persons by the government hence there is every chance that they may experience depression as a consequence of abuse. It is upon this backdrop the researcher investigated abuse and depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State.

The study aimed at investigating abuse and depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State. Specifically, the objectives of this study are:

1. To determine the extent physical abuse predicts depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State
2. To examine the extent neglect predicts depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State
3. To ascertain the extent financial exploitation predicts depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State
4. To find out the extent emotional abuse predicts depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State

This study was guided by three research questions as follows:

1. To what extent does physical abuse predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State?
2. To what extent does neglect predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State?
3. To what extent does financial exploitation predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State?
4. To what extent does emotional abuse predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State?

The following null hypotheses were tested at 0.05 level of significance to guide this study.

1. Physical abuse does not significantly predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State
2. Neglect does not significantly predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State
3. Financial exploitation does not significantly predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State
4. Emotional abuse does not significantly predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State.

METHODOLOGY

The researcher adopted a correlational research design to examine the extent to which different forms of elder abuse (physical abuse, neglect, financial exploitation and emotional abuse) predict depression among elderly persons attending public health centres in Obio-Akpor Local Government Area of Rivers State. This design was considered appropriate because it allows the researcher to investigate predictive relationships between the independent variables (forms of abuse) and the

dependent variable (depression) without any manipulation or experimental control of the variables. The population of the study comprised all elderly persons (age 60 years and above) who attend public health centres in Obio-Akpor LGA during the period of data collection. These persons are considered suitable for the study because they are the direct recipients of public primary and secondary health services in the local government area and are therefore accessible for assessing experiences of abuse and symptoms of depression.

A sample size of 830 elderly persons was used for this study. To ensure representative coverage across the LGA, the following sampling approach was employed: The researcher obtained an official list of all public health facilities (primary health centres, clinics and the local government/general hospital) in Obio-Akpor LGA from the Health Department of the LGA. The health facilities were used as strata to ensure fair geographic and facility-type representation. The number of respondents drawn from each facility was made proportionate to the average monthly elderly outpatient attendance of that facility (or patient load) so busier centers contributed a larger share of the sample. Within each facility, elderly attendees who met the inclusion criteria were listed (by order of arrival or appointment). A sampling interval (k) was calculated for each facility ($k = \text{Nth eligible attendees} \div \text{sample required for that facility}$) and every k th eligible elderly person was invited to participate. If an invited person declined or was ineligible, the next eligible person on the list was selected.

Four standardized instruments (or validated adaptations) were used in the study. Where necessary, short culturally appropriate adaptations and translations were made and then back-translated to ensure meaning was preserved. Physical Abuse Scale (PAS) a structured scale measuring the frequency and severity of physical abuse experiences (examples: being hit, pushed, physically restrained). Items are responded to on a 4-point Likert frequency scale (0 = Never to 3 = Often). Higher scores indicate greater exposure to physical abuse. Neglect Scale (NS) items assessing instances of care neglect (medical neglect, hygiene, food, social isolation). Responses use a 4-point frequency scale; higher scores indicate more neglect. Financial Exploitation Scale (FES) items measuring experiences of financial mistreatment or exploitation (unauthorized use of money, coerced transfers, denial of access to funds). Responses use a 4-point frequency scale; higher scores indicate more exploitation. Emotional Abuse Scale (EAS) items assessing verbal insults, threats, humiliation, intimidation and other forms of emotional mistreatment. Responses use a 4-point frequency scale; higher scores indicate more emotional abuse. Geriatric Depression Scale (GDS-15) a widely used 15-item screening tool for depressive symptoms in older adults. Items are answered yes/no and scored according to the instrument instructions; higher scores indicate higher depressive symptomatology.

The instruments were submitted to three experts (specialists in gerontology, clinical psychology/psychiatry and measurement & evaluation) for face and content validation to ensure items are clear, culturally appropriate and cover the constructs. Necessary wording changes suggested by the experts were made prior to piloting. A pilot study was conducted with 30 elderly persons drawn from public health centres in a neighbouring LGA (not part of the main study) to test the instruments and procedures. Internal consistency reliability was estimated using Cronbach's alpha for each scale. Acceptable reliability was set as $\alpha \geq 0.70$. The pilot also tested administration time, interviewer training needs and the clarity of translated items. Ethical approval was obtained from the relevant institutional ethics review board. Permission/letters were obtained from the Rivers State Ministry of Health / Obio-Akpor LGA Health Department and the management of each participating health facility. Data were analyzed using simple regression.

Research Question 1: To what extent does physical abuse predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State?

Table 1: Regression analysis of the extent physical abuse predicts depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State

Model	R	R Square	Adjusted R Square
1	.492	.242	.241

Table 1 revealed that physical abuse and depression among elderly persons in public health centres in Obio-Akpor Local Government Area obtained a correlation coefficient of $r = 0.492$ indicating a weak positive relationship. In answer to the research question, an R Square of 0.242 was obtained and an adjusted R^2 value of 0.241. Based on the R^2 value of 0.242, it shows that 24% (0.242×100) of the variance in depression among elderly persons can be explained by physical abuse.

Research Question 2: To what extent does neglect predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State?

Table 2: Regression analysis of the extent neglect predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State

Model	R	R Square	Adjusted R Square
1	.528	.279	.278

Table 2 revealed that neglect and depression among elderly persons in public health centres in Obio-Akpor Local Government Area obtained a correlation coefficient of $r = 0.528$ indicating a moderate positive relationship. In answer to the research question, an R Square of 0.279 was obtained and an adjusted R^2 value of 0.278. Based on the R^2 value of 0.279, it shows that 27% (0.279×100) of the variance in depression among elderly persons can be explained by neglect, which is a substantial amount.

Research Question 3: To what extent does financial exploitation predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State?

Table 3: Regression analysis of the extent financial exploitation predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State

Model	R	R Square	Adjusted R Square
1	.468	.219	.218

Table 3 revealed that financial exploitation and depression among elderly persons in public health centres in Obio-Akpor Local Government Area obtained a correlation coefficient of $r = 0.468$ indicating a weak positive relationship. In answer to the research question, an R Square of 0.219 was obtained and an adjusted R^2 value of 0.218. Based on the R^2 value of 0.219, it shows that 21% (0.219×100) of the variance in depression among elderly persons can be explained by financial exploitation, which is a substantial amount.

Research Question 4: To what extent does emotional abuse predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State?

Table 4: Regression analysis of the extent emotional abuse predicts depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State

Model	R	R Square	Adjusted R Square
1	.561	.315	.314

Table 4 revealed that emotional abuse and depression among elderly persons in public health centres in Obio-Akpor Local Government Area obtained a correlation coefficient of $r = 0.561$ indicating a moderate positive relationship. In answer to the research question, an R Square of 0.315 was obtained and an adjusted R^2 value of 0.314. Based on the R^2 value of 0.315, it shows that 31% (0.315×100) of the variance in depression among elderly persons can be explained by emotional abuse, which is a substantial amount.

Hypothesis 1: Physical abuse does not significantly predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State

Table 5: t-test associated with simple regression analysis of the predictive powers of physical abuse on depression among elderly persons in public health centres.

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.412	0.482	-	11.227	0.000
	Physical abuse	0.635	0.061	0.492	10.410	0.000

Table 5 revealed that the value of the constant a is 5.412 with standard error of .482 while the regression coefficient is .635 with standard error of .061. The value of the slope B after conversion to standardized coefficients produced a value of .492. The standardized coefficient of .492 is significant at (Sig.) .000. The value of the slope B converted to standardized coefficient is .492. The significance value (Sig.) is 0.000, which is less than the common alpha level of 0.05. This indicates that the result is statistically significant. Since the Sig. value is less than 0.05, the null hypothesis (H_0) is therefore rejected. This means that physical abuse significantly predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State.

Hypothesis 2: Neglect does not significantly predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State

Table 6: t-test associated with simple regression analysis of the predictive powers of neglect on depression among elderly persons in public health centres.

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.983	0.505	-	9.872	0.000
	Neglect	0.712	0.067	0.528	10.627	0.000

Table 6 revealed that the value of the constant a is 4.983 with standard error of .505 while the regression coefficient is .712 with standard error of .067. The value of the slope B after conversion to standardized coefficients produced a value of .528. The standardized coefficient of .528 is significant at (Sig.) .000. The significance value (Sig.) is 0.000, which is less than the common alpha level of 0.05. This indicates that the result is statistically significant. Since the Sig. value is less than 0.05, the null hypothesis (H_0) is therefore rejected. This means that neglect significantly predict

depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State.

Hypothesis 3: Financial exploitation does not significantly predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State

Table 7: t-test associated with simple regression analysis of the predictive powers of financial exploitation on depression among elderly persons in public health centres.

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.227	0.497	-	10.514	0.000
	Financial exploitation	0.581	0.064	0.468	9.078	0.000

Table 7 revealed that the value of the constant *a* is 5.227 with standard error of .497 while the regression coefficient is .581 with standard error of .064. The value of the slope *B* after conversion to standardized coefficients produced a value of .468. The standardized coefficient of .561 is significant at (Sig.) .000. The significance value (Sig.) is 0.000, which is less than the common alpha level of 0.05. This indicates that the result is statistically significant. Since the Sig. value is less than 0.05, the null hypothesis (*H*₀) is therefore rejected. This means that financial exploitation significantly predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State

Hypothesis 4: Emotional abuse does not significantly predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State

Table 8: t-test associated with simple regression analysis of the predictive powers of emotional abuse on depression among elderly persons in public health centres

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.751	0.476	-	9.984	0.000
	Emotional abuse	0.794	0.058	0.561	13.690	0.000

Table 8 revealed that the value of the constant *a* is 4.751 with standard error of .476 while the regression coefficient is .794 with standard error of .058. The value of the slope *B* after conversion to standardized coefficients produced a value of 561. The standardized coefficient of .561 is significant at (Sig.) .000. The significance value (Sig.) is 0.000, which is less than the common alpha level of 0.05. This indicates that the result is statistically significant. Since the Sig. value is less than 0.05, the null hypothesis (*H*₀) is therefore rejected. This means that emotional abuse significantly predict depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State.

Discussion of findings

The findings of the study are discussed hereunder one by one.

The findings from research question one revealed that physical abuse significantly predicts depression among elderly persons in public health centres in Obio-Akpor Local Government Area. The simple linear regression model showed that physical abuse accounted for 24.2% of the variance in depression ($R^2 = 0.242$), indicating a moderate positive relationship between the two variables. The unstandardized regression coefficient ($B = 0.635$, $p < .001$) implies that a unit increase in physical abuse leads to a 0.635-unit increase in depression scores, which is statistically significant.

This finding was not envisaged by the researcher based on preliminary literature and anecdotal observations, it was expected that emotional abuse and neglect would play a stronger role in predicting depression than physical abuse, as emotional experiences tend to have longer-lasting psychological scars. This finding aligns with Dong et al. (2013) where they found that elder abuse, particularly physical abuse, was associated with a higher risk of major depressive disorder. Similarly, Fulmer et al. (2019) reported that elderly individuals who experienced physical harm were more likely to present with depressive symptoms than those who experienced financial or emotional abuse alone. However, Acierno et al. (2010) found that psychological and emotional abuse had a stronger association with depression compared to physical abuse, suggesting that the invisible scars of emotional mistreatment may sometimes outweigh the impact of physical harm.

The findings from research question two revealed that neglect significantly predicts depression among elderly persons in public health centres in Obio-Akpor Local Government Area. The regression analysis showed that neglect accounted for 27.9% of the variance in depression ($R^2 = 0.279$), indicating a moderate positive relationship between neglect and depression. The unstandardized regression coefficient ($B = 0.712$, $p < .001$) suggests that for every one-unit increase in neglect score, depression scores increase by 0.712 units. This finding demonstrates that neglect is not only a statistically significant predictor but also a relatively strong determinant of depressive symptoms among elderly persons. The researcher never envisaged this finding to be this strong. Prior to data collection, it was expected that physical abuse would exert a stronger effect on depression compared to neglect, since physical harm is more visible and often assumed to have a more immediate psychological impact. This finding agreed with Dong (2015) who reported that neglect was one of the most consistent predictors of depression among older adults in community settings. Similarly, Eslami et al. (2017) found that neglected elderly individuals had significantly higher depression scores than those who were not neglected, highlighting the severe psychological toll of abandonment. In contrast, Olayiwola and Adebayo (2020) found that physical abuse contributed more strongly to depressive symptoms than neglect in a sample of Nigerian elderly living in rural areas.

The findings from research question three revealed that financial exploitation significantly predicts depression among elderly persons in public health centres in Obio-Akpor Local Government Area. The regression analysis showed that financial exploitation accounted for 21.9% of the variance in depression ($R^2 = 0.219$), indicating a moderate positive relationship between financial exploitation and depression. The unstandardized regression coefficient ($B = 0.581$, $p < .001$) implies that a one-unit increase in financial exploitation score leads to a 0.581-unit increase in depression scores. This result demonstrates that financial exploitation is not only statistically significant but also a meaningful predictor of depressive symptoms among the elderly. The researcher never envisaged this finding to be this substantial. Based on the review of literature and preliminary field observations, it was expected that physical abuse and neglect would be stronger predictors of depression compared to financial exploitation, since loss of finances is often considered a secondary stressor compared to physical harm or abandonment. However, the data indicated that financial exploitation explained a noteworthy 21.9% of the variance in depression, which is a considerable proportion and cannot be overlooked. This finding is consistent with Amstadter et al. (2011) where they revealed that elderly victims of financial exploitation were more likely to report depressive symptoms and anxiety than those who were not exploited. Similarly, Dong et al. (2013) highlighted financial exploitation as a significant risk factor for psychological distress among community-dwelling older adults. In contrary, Ogunlade and Ojo (2021) found that neglect and emotional abuse were more significant predictors of depression among Nigerian elderly than financial exploitation.

The findings from research question three revealed that emotional abuse significantly predicts depression among elderly persons in public health centres in Obio-Akpor Local Government Area. The regression analysis showed that emotional abuse accounted for 31.5% of the variance in depression ($R^2 = 0.315$), indicating a moderately strong positive relationship between emotional abuse and depression. The unstandardized regression coefficient ($B = 0.794$, $p < .001$) implies that

for every one-unit increase in emotional abuse score, the depression score increases by 0.794 units. The standardized coefficient ($\beta = 0.561$) further confirms that emotional abuse is a relatively strong and statistically significant predictor of depression. The finding was not also envisaged by the researcher. While emotional abuse was expected to have an effect on depression, it was anticipated that neglect or physical abuse might have a stronger impact due to their more visible and tangible consequences. However, emotional abuse turned out to explain the highest proportion of variance (31.5%) among all the predictors tested in this study. This finding agreed with Fulmer et al. (2019) where they reported that emotional abuse was the most frequent and impactful form of elder abuse leading to psychological distress. In contrast, Amstadter et al. (2011) found that while emotional abuse significantly predicted depression, physical abuse and financial exploitation also showed comparably strong associations.

CONCLUSION

It was concluded that emotional abuse, neglect and physical abuse are the strongest predictors of depression among elderly persons in public health centres in Obio-Akpor Local Government Area of Rivers State, with emotional abuse showing the highest influence. These forms of abuse directly contribute to feelings of sadness, worthlessness and hopelessness among the elderly, thereby increasing their risk of depression. Although financial exploitation was found to be a significant predictor of depression, its impact was comparatively weaker than the other forms of abuse. This suggests that while financial exploitation does affect the mental health of elderly persons, it may not necessarily make them as depressed as emotional abuse, neglect or physical abuse.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations were made:

1. Healthcare administrators and social welfare agencies should establish elder protection protocols within public health centres to identify, document and respond promptly to cases of physical abuse.
2. Government and non-governmental organizations should introduce structured elder care programs to ensure basic needs such as food, hygiene, companionship and medical care are consistently met.
3. Community sensitization campaigns should educate the elderly on financial literacy and rights, while encouraging trusted relatives to help them manage finances responsibly.
4. Public health facilities should implement psychosocial support services such as counselling and therapy sessions to help victims of emotional abuse cope with its psychological impact.

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