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Mistreatment and coping among the urban geriatric population

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Abstract:
Elder abuse is an underreported concern among urban elderly populations in India. Therefore, it is of interest to assess the mistreatment prevalence and coping strategies among elderly individuals in Chennai. Higher mistreatment was associated with age above 70 years, retirement and assistive device use. Better coping was associated with higher education, income and assistive device use. Thus, targeted interventions are needed to reduce elder abuse and strengthen resilience among elderly individuals.

Keywords: Elder mistreatment, coping strategies, urban geriatrics, ageing, elder abuse

Background:
The United Nations World Population Ageing Report (2023) notes that over 1.1 billion people worldwide are currently over 60, a figure projected to double to 2.1 billion by 2050. In India, the proportion of elderly individuals increased from 8.6% in 2011 to 10.1% in 2021 and is expected to approach 20% by 2050 (United Nations, 2023). This change is attributed to improved life expectancy, which in India reached 70.9 years in 2023. With advancing age, seniors become more susceptible to chronic diseases, dependency, mental health problems and social isolation. The study found that nearly 27% of Indian elders experience multiple chronic conditions and over half have at least one disability. These trends highlight an urgent need for policy responses in healthcare, social support and infrastructure to ensure dignity for ageing populations **[1].** Older adults confront various challenges impacting their physical, emotional and social health. Health issues are particularly significant, with around 75% of the elderly suffering from at least one chronic illness—hypertension (32%), diabetes (14%) and arthritis (18%) being the most prevalent **[2].** Mobility, vision and hearing impairments further reduce independence, with nearly 27% reporting some form of disability **[3].** Mental health is also a major concern, with about 20% of Indian elders experiencing symptoms of depression and anxiety, often undiagnosed due to stigma and limited mental health resources. Dementia and cognitive decline affect roughly 5% of seniors **[4].** Loneliness is not a sickness or a mental health disorder. Some argue that loneliness is a new geriatric syndrome: a health condition that is common among older persons, has several causes and contributes to poor health outcomes **[5].** Financial insecurity further increases vulnerability. Many elders lack stable income or pension support, particularly in rural areas. In fact, 65% of older Indians are dependent on others for daily needs, making old age a time of reliance, health concerns and compromised quality of life **[6].** Elder abuse is an escalating global concern. The World Health Organization (WHO, 2024) estimates that about 1 in 6 people aged 60 and older experience some form of abuse each year. In India, elder abuse prevalence rates differ by region, with one study citing an overall rate of 44.6%—higher in rural (50.7%) than urban (38.6%) areas **[7]**. Psychological abuse (35%), neglect (32.8%), financial abuse (13.9%) and physical abuse (0.7%) are most common, with 64.8% of abused elders suffering multiple forms **[8]**. Psychological abuse (35%), neglect (32.8%), financial abuse (13.9%) and physical abuse (0.7%) are most common, with 64.8% of abused elders suffering multiple forms **[9].** To cope with these challenges, older adults use various strategies, generally classified as problem focused actively addressing stressors through medical care, exercise, or environmental adjustments and emotion-focused acceptance, expressing emotions, or seeking social/spiritual support **[10].** Nurses are central to addressing the diverse and complex challenges faced by the geriatric population. Serving as primary caregivers, educators and advocates, nurses monitor health, ensure medication adherence and support healthy lifestyle choices in the management of chronic conditions. Their specialized training allows them to detect early signs of elder abuse, depression or cognitive decline, enabling timely and appropriate interventions. In situations of mistreatment, nurses offer emotional support meticulously document incidents and report cases according to legal and ethical standards. To foster positive coping and emotional stability, they encourage therapeutic conversations, provide spiritual support and promote engagement in social activities. Research indicates that interventions led by nurses can improve the quality of life among the elderly by 25–40% **[11].** Therefore, it is of interest to assess the challenges faced by the geriatric population and the coping strategies adopted to manage these challenges.

Methodology:
The present study employed a quantitative research approach with a non-experimental, descriptive design to investigate mistreatment and coping among the urban geriatric population.

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The research was conducted in the Choolai urban area of Chennai. The target population comprised all geriatric individuals residing in Choolai, Chennai, while the accessible population included those fulfilling the selection criteria and available during data collection. A sample size of 60 elderly participants was determined. Inclusion criteria were individuals aged 60 years and above, residents of Choolai for at least six months, able to understand Tamil or English, willing to participate and inclusive of both genders. Data collection tools included a socio-demographic questionnaire capturing variables such as age, gender, marital status, education, occupation prior to retirement, income, family type, number of children, chronic illness and use of assistive devices. The Geriatric Mistreatment Scale (GMS), developed by Giraldo-Rodríguez and Rosas-Carrasco (2013), was utilized to assess elder abuse across five domains: physical, psychological/emotional, neglect, financial/material and sexual abuse. Coping strategies were measured using the Brief Coping Orientation to Problems Experienced (Brief-COPE) Inventory by Carver (1997). A pilot study involving 10% of the sample size was conducted to assess the feasibility and clarity of the research instruments. The collected data were coded and entered into Microsoft Excel, then analyzed using SPSS software. Descriptive statistics (mean, median, standard deviation) summarized participant characteristics, mistreatment levels and coping strategies. Inferential analysis, including Chi-square tests, examined associations between mistreatment, coping strategies and selected demographic variables. The results were interpreted to draw conclusions aligned with the study objectives, providing insight into mistreatment and coping within the urban geriatric population of Choolai, Chennai.

Results:

The current study found significant associations between mistreatment and several demographic variables. Higher mistreatment was reported among participants aged above 70 years ($p = 0.05$), retired individuals ($p = 0.05$) and those using assistive devices such as walking sticks or walkers ($p = 0.01$). Coping scores were significantly associated with age ($p = 0.02$), education ($p = 0.05$), monthly income ($p = 0.05$) and assistive device use ($p = 0.05$), with better coping observed among more educated, financially stable and independently mobile elderly individuals. Regarding mistreatment severity, 85% of participants experienced a low level of mistreatment, while 15% reported a moderate level; no participant experienced a high level of mistreatment **(Table 1; Figure 1)**. These findings indicate that the overall level of mistreatment was relatively low in the study population. The BRIEF-COPE assessment showed a total maximum score of 56, with a mean score of 40.41 ± 7.44, representing 72.16% of the maximum score. Among the coping domains, active coping (92.5%), behavioural disengagement (87.0%) and self-distraction (82.5%) had the highest mean scores, whereas substances use (55.0%), religion (60.75%) and self-blame (61.75%) had the lowest scores **(Table 2; Figure 2).** A significant negative correlation was observed between mistreatment and coping scores ($r = -0.38$, $p = 0.05$), indicating that higher mistreatment was associated with poorer coping **(Table 3)**.

Table 1: Mistreatment score

S. no	Statements	Mistreatmemt			
		Yes	%	no	%
1.	Have you been hit?	0	0.00%	60	100.00%
2.	Have you been punched or kicked?	0	0.00%	60	100.00%
3.	Have you been shoved, or have you had your hair pulled?	0	0.00%	60	100.00%
4.	Have you had an object thrown at you?	0	0.00%	60	100.00%
5.	Have you been assaulted with a knife or blade?	0	0.00%	60	100.00%
6.	Have you been humiliated or made fun of?	19	31.67%	41	68.33%
7.	Have you been treated with indifference or ignored?	23	38.33%	37	61.67%
8.	Have you been isolated or kicked out of the house?	13	21.67%	47	78.33%
9.	Has anyone made you feel afraid?	0	0.00%	60	100.00%
10.	Have your decisions not been respected?	35	58.33%	25	41.67%
11.	Have you been forbidden to go out or be visited?	16	26.67%	44	73.33%
12.	Has anyone kept you from getting clothes, footwear, etc.?	5	8.33%	55	91.67%
13.	Has anyone kept you from receiving the medications you need?	7	10.17%	53	89.83%
14.	Have you been denied protection when you need it?	6	10.00%	54	90.00%
15.	Have you been denied access to the house where you live?	9	15.00%	51	85.00%
16.	Has anyone managed or is anyone managing your money without your consent	19	31.67%	41	68.33%
17.	Has your money been taken from you?	40	66.67%	20	33.33%
18.	Has anyone taken any of your belongings without your permission?	21	35.00%	39	65.00%
19.	Have any of your properties been sold without your consent?	0	0.00%	60	100.00%
20.	Have you been pressured so that you no longer own your house or any property	0	0.00%	60	100.00%
21.	Have you been forced to have sex even if you did not want to?	0	0.00%	60	100.00%
22.	Has anyone touched your genitals without your consent?	0	0.00%	60	100.00%
	Average	9.68	16.07%	90.32	83.93%

Table 2: Brief coping orientation to problems experienced (brief-cope) score

S.no	Domains	Maximum score	Mean	SD	% of mean score
1.	Self-Distraction.	4	3.3	1.31	82.50%
2.	Active Coping	4	3.7	1.28	92.50%
3.	Denial	4	3	1.06	75.00%

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4.	Substance Use	4	2.2	0.63	55.00%
5.	Use of Emotional Support	4	2.88	1.08	72.00%
6.	Use of Instrumental Support	4	2.87	1.17	71.75%
7.	Behavioral Disengagement	4	3.48	1.14	87.00%
8.	Venting	4	2.88	1.17	72.00%
9.	Positive Reframing	4	3.05	0.87	76.25%
10.	Planning	4	2.5	0.85	62.50%
11.	Humor	4	2.57	0.93	64.25%
12.	Acceptance	4	3.08	1.32	77.00%
13.	Religion	4	2.43	1.03	60.75%
14.	Self-Blame	4	2.47	0.95	61.75%
	TOTAL	**56**	40.41	**7.44**	72.16%

Table 3: Correlation between mistreatment and coping score among geriatric people

Correlation between	Mean gain score Mean±SD	Karl pearson Correlation coefficients	Interpretation
Mistreatment score Vs Coping score	**3.53±1.70 Vs 40.41±7.44**	**r= -0.38 P=0.05*[S]**	There is a significant negative fair correlation between coping score and mistreatment score

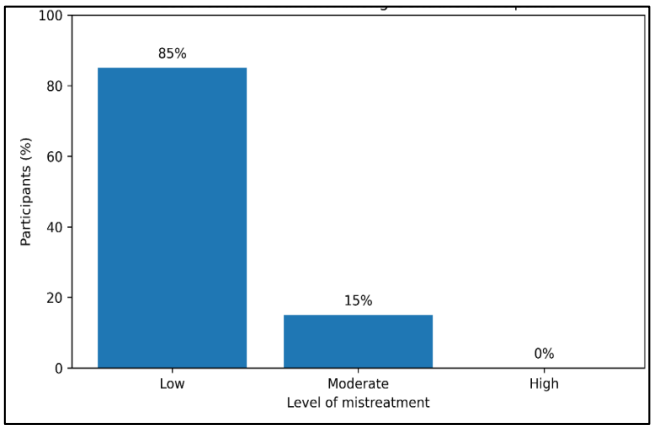

Figure 1: level of mistreatment score percentage

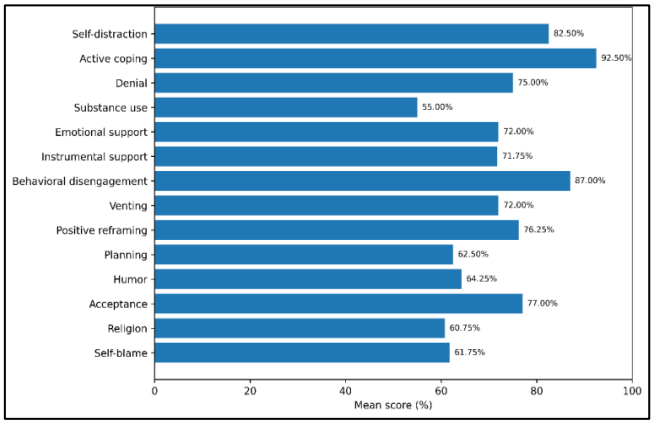

Figure 2: level of coping score percentage

Discussion:

The present study assessed the distribution of coping score levels among the geriatric population. A majority of participants (63.33%) demonstrated a high level of coping, indicating strong adaptive abilities in managing age-related stressors. Additionally, 36.67% exhibited a moderate level of coping. Notably, none of the participants were found to have a low coping score. The current study examined the correlation between mistreatment and coping scores among the geriatric population. The mean mistreatment score was 3.53 ± 1.70, while the mean coping score was 40.41 ± 7.44. A significant negative fair correlation was observed between the two variables (r = -0.38, p = 0.05). This finding indicates that as mistreatment levels increased, coping ability tended to decrease among elderly individuals. These findings were supported by the study performed a descriptive comparative study on the Perceived stress and coping strategies among senior citizens in selected urban and rural community, Bankura, West Bengal, which revealed that Majority of senior citizens in urban (61.55%) and rural (63.47%) were having adopted moderate coping strategies, religious coping strategies was use both in urban and rural, which supports this present study finding. Similarly, a descriptive survey on the assessment of depression and adopted coping strategies among senior citizens living in selected block of Bankura, West Bengal, which revealed that about 22.64% of senior citizens were having poor adopted coping strategies, followed by 59.43% average and only 17.93% good, which supports this current study findings **[12]**. These results were consistent with the findings of the study explored elder abuse and its impact on psychological well-being in a community-dwelling elderly population. Their study indicated that individuals who experienced various forms of mistreatment, including neglect, psychological and financial abuse, had significantly higher levels of depression and anxiety and reduced self-efficacy and coping capacity. They emphasized that mistreatment severely disrupts the emotional equilibrium of elderly individuals, making them more vulnerable to stress **[13]**. Similarly, a study using data from the National Elder Mistreatment Study found that exposure to elder mistreatment was significantly associated with poor mental health outcomes, including post-traumatic stress symptoms and diminished coping mechanisms. The study highlighted that psychological and physical abuse, in particular, eroded older adults' ability to manage everyday stressors, thereby impairing their overall mental health and adaptive functioning **[14]**. This study highlights the higher mistreatment was significantly linked to participants over 70, those who were retired and users of assistive devices. Coping scores were associated with age, education, income and use of assistive aids, indicating that these

factors influence both vulnerability to mistreatment and ability to cope **[15]**.

Conclusion:
Low levels of mistreatment were observed, but vulnerable elderly individuals showed greater risk of adverse experiences. Higher mistreatment was significantly associated with poorer coping, highlighting the need for early identification and support. Targeted community interventions and supportive policies are essential to strengthen resilience and promote dignified ageing.

Declarations:
Conflict of interest: The author declares no conflict of interest.

Funding: This study did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Ethical approval: Approval was obtained from the Institutional Ethics Committee and written informed consent was obtained from all participants.

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