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OPPUTUNITIES IN GLOBAL GERIATRIC DIVIDE AND THE CHALLENGES OF KNOWLEDGE IN GERONTOLOGY AS NEW INSTITUTIONALIZE FORMS OF ELDER ABUSE AND PROBLEM IDENTIFICATION FOR SOCIAL WORK PRAXIS IN SUB-SAHARAN AFRICA

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Abstract

The central foci of this paper reconnoiter how social workers identify elder abuse in Nigeria, factors they find contribute to or protect elder abuse, and cultural considerations they identify as important Visa vise the global north and argues that, to intervene effectively, social workers need to make sense of clients within the bio-psychosocial condition. A geriatric approach to elder abuse assessment provides a framework to formulate assessments that are clear and directly related to the real-world problems of abused elders as clients. Explaining the problem situation, the diagnosis, treatment, and prevention of illness in senior citizens forms the foundation for selection of intervention strategies and methods to achieve change and the

Introduction

Elder abuse is a serious, pervasive and growing problem that has occurred in both Western and African countries which Nigeria is a part, and has affected many older adults (Lachs & Pillemer, 2004; Litwin & Zoabi, 2004; Reynolds & Schonfeld, 2004; Shugarman, Fries, Wolf, & Morris, 2003). The problem is that, the scope, nature and character manifestation of the problem in Nigeria is so different to the extent that the formation of judgments or opinions of the problem on elder abuse is on the basis of a huge divide that

Empowerment and liberation of the problems associated with elderly people. Building geriatric intervention requires practitioner abilities to form concepts, relate concepts into propositions, develop hypotheses, and organize these into a coherent whole. Including case background information, observations and relevant professional literature, geriatric intervention presents an accurate and cogent comprehension of the client. On the contrary, the conjecture and the poverty divide in global scientific study of aging and its effects presentation in geriatric intervention pauses new treat to elder care. This paper staunchly posits that the Conjecture and poverty divide in Global Gerontological presentation for geriatric intervention in itself, is a new institutionalize form of elder abuse that Nigerian social workers needs to handle with professional local kits gloves. The paper specifically identities defects in the Definition of Elder Abuse, discrepancies in global Life Expectancy Rate, difficulty comparing the Prevalence of Elder Abuse Results due to major rift in methodological interpretations of social work and the general concepts of Risk Factors for Elder Abuse as key fundamental Conjectures and divide in geriatric intervention demanding a painstaking and cautiousness taking reasonable skills for elder care to avoid risks. One workable way is that Social workers must consider and confront both social context and individual content of aging behavior and accordingly rely on bio-psycho-social theories where aging behavior is a function of the aged client's biological and psychological content and the social context – the social work domain.

***Indexwords**: Elder Abuse, Global Divide, Poverty-Geriatric Gerontology-Knowledge, Problem Identification, Social Work Praxis*

Geriatric social work in Nigeria needs to complete or provide conclusive information from being judgmental on the poverty of assessment that divides global gerontological presentation in geriatric. Failure to establish these conjectures and the global divides in the poverty of gerontology in presenting elder abuse for geriatric social work in itself, is a new institutionalize form of elder abuse that social workers need to take with careful praxis in Nigeria.

Caring for older people with multiple health problems can be tricky, even for healthcare professionals who specialize in Geriatrics, the medical care of older adults shows that, prescribing medications for a patient with multiple

health problems is more complex. A drug that might be useful in treating one health problem can make another problem worse, and taking multiple medications can cause problematic drug interactions and side effects.

Older adults are the most vulnerable to physical, mental and financial crises, often requiring the care of their families and the community. This population requires more care and protection than is currently available or possible, including social services at both the micro and macro levels.

As the aging population continues to grow disproportionately to available services and caregivers, compounded with physical, mental and financial vulnerabilities, the risk for elder abuse increases (Pillemer, 1990). At the other hand, the risk for elder abuse increases in Nigeria in relation to the presentation assessment diagnosed and intervention strategies of the problem. Elder abuse is a rapidly growing problem in the developed world and we may think that because of that global prevalence, the same would be the case in Nigeria. But then even though, once a hidden and taboo issue, elder abuse has continued to gain attention as the baby boom generation grays and more people are living longer than ever before. This paper contended that with the growing inequality, unemployment, and poverty and specifically, the human development index, people in Nigeria seems to be living much shorter than longer compare to global trends to attract the social character associated with elder abuse. But then, elder abuse whether in the west or Nigeria has pervasive and deleterious and devastating effects, associated with decreased quality of life and increased morbidity and mortality rates, as well as physical pain and mental anguish (Abolfathi Momtaz, Hamid, & Ibrahim, 2013).

For example, in order to identify, prevent and address elder abuse, there needs to be a consistent and uniform definition across states and agencies; this has not been the case in Nigeria. However, though definitions vary, they generally describe harm or loss to an older victim. Anetzberger (2012) provides a comprehensive and updated taxonomy of elder abuse which reflects current understanding of the problem.

Elder abuse can be perpetrated by the victim, a trusted other, a stranger, or an acquaintance; can occur in domestic or institutional settings; takes the form of abuse or neglect (either of which can be intentionally or unintentionally motivated); and can be physical, psychological, social, financial, or sexual in nature. Anetzberger's (2012) definition will be used throughout in the narrative presentation of this paper. Such an inclusive

definition of elder abuse, in addition to the discrepancy in definitions across the globe, leads to a wide range of prevalence estimates and a careful thought for social intervention strategy in developing a plan support structure.

Statistical representations has established elder abuse in developed countries in 2000 as alarming. The total number of elder/adult abuse reports received globally was 472,813 (Global-National Center on Elder Abuse, 2003). The National Elder Mistreatment Study, funded by the National Institute of Justice, found that 11% of elders reported experiencing at least one form of mistreatment in the yearly, including emotional mistreatment (5.1%), physical abuse (1.6%), sexual abuse (0.6%), financial exploitation (5.2%) and potential neglect (5.1%). Of those who reported physical abuse, 31% had reported to the police, and family members were the perpetrators in 76% of the cases. Of those who reported sexual abuse, 16% had reported to the police, and family members were responsible for about half of the cases (Acierno, Hernandez-Tejada, Muzzy, & Steve, 2009).

The lack of a uniform definition, in addition to the fact that elder abuse is a socially constructed term, makes finding appropriate interventions difficult especially in Nigeria. In fact, Ploeg, Fear, Hutchison, MacMillan and Bolan (2009) found in their systematic review of elder abuse interventions insufficient evidence for any particular intervention.

According to Simpson (2005), elder abuse is a multifaceted problem that affects elderly persons from different backgrounds and involves a wide variety of risk and protective factors. Nigeria's cultural factors such as language, attitudes toward illness, values, expectations and perceived roles may keep elderly persons and their caregivers from understanding society's concept of elder abuse, let alone to seek assistance or report abuse. For the minority elder, social, economic and environmental factors leave them particularly vulnerable to acute and prolonged psychological and emotional distress (Simpson, 2005). (Abolfathi Momtaz et al., 2013) (Yan & Tang, 2004) that (Pillemer & Finkelhor, 1988). (Podnieks, 1992). In the Netherlands, a survey of national samples (1,979 (Comijs & Penninx, 1999). (Yan & Tang, 2001). Kato, Kondo, Kuze and Higuchi (2005) (Cho, Kim, & Kim, 2000).

Nigeria is yet to enact a National Policy on the care and welfare of older persons. Since March 2003 it has remained in draft form. In the coming years, the ageing population in Nigeria is expected to increase in numbers and life expectancy rates will gradually increase with significant social and economic

implications to the individuals and the Nigerian government. The old-age dependency ratio is not high at present (at least compared with the developed nations) – but it will increase in the coming years. This serves as pointer to problems to come. Changes in family structure in Nigeria: care of older relatives is a value which is culturally rooted and highly respected, but there is an observable progressive shift in function away from the traditional family, due to economic problems, migration and influence by foreign culture. Care provision for older people in Nigeria: the Nigerian government and political leaders believe that the provision of care is the responsibility of families. Policy emphasis is more on young people, women and children. social policy and old age: the Contributory Pension Scheme (insurance) that has been reformed does not cover many older persons, and is mainly designed for those who work(ed) in the formal sector, has yet to make appreciable impact on the lives of older people. Elder abuse and neglect are uniquely distributed in Nigeria. There is yet no law on elder abuse. Creation of awareness of abuse as a public health and social issue has been intensified since the first World Elder Abuse Awareness Day took place in most major cities in Nigeria in 2006

The snag is that Nigerian social workers could be swayed by these global prevalence's and begin to see the problem from these perspectives other than assess the situation base on the social context in which elder abuse occurs in Nigeria. Practical side and application of professional social work skill such as, opposed to the scientific study of aging that feeds social work's long established process of identifying social problems of aging and age related problems of elder abuse needs a careful thought for social work praxis in Nigeria. This is because, there is a growing to practice: established custom or habitual practice social work in problem identification of elder abuse in Nigeria. To intervene effectively, social workers need to make sense of clients and their situations. A geriatric approach to elder abuse assessment provides a framework to formulate assessments that are clear and directly related to the real-world problems of abused elders as clients.

Explaining the problem situation, the diagnosis, treatment, and prevention of illness in senior citizens forms the foundation for selection of intervention strategies and methods to achieve change and the empowerment and liberation of the problems associated with elderly people. Building geriatric intervention requires practitioner abilities to form concepts, relate concepts

into propositions, develop hypotheses, and organize these into a coherent whole. Including case background information, observations and relevant professional literature, geriatric intervention presents an accurate and cogent comprehension of the client.

On the contrary, the conjecture and the poverty divide in global scientific study of aging and its effects presentation in geriatric intervention pauses new treat to elder care. This paper staunchly posits that the Conjecture and poverty divide in Global Gerontological presentation for geriatric intervention in itself, is a new institutionalize form of elder abuse that Nigerian social workers needs to handle with professional local kits gloves. The paper specifically identities defects in the Definition of Elder Abuse, discrepancies in global Life Expectancy Rate, difficulty comparing the Prevalence of Elder Abuse Results due to major rift in methodological interpretations of social work and the general concepts of Risk Factors for Elder Abuse as key fundamental Conjectures and divide in geriatric intervention and other structural problems demanding a painstaking and cautiousness taking reasonable skills for elder care to avoid risks. One workable way is that Social workers must consider and confront both social context and individual content of aging behavior and accordingly rely on bio-psycho-social theories where aging behavior is a function of the aged client's biological and psychological content and the social context – the social work domain.

CONCEPT FORMATION

Elder Abuse: Wahl (2005) defined elder abuse as harm done to an older person that is violent or abusive and is often criminal in nature. It can entail both intentional actions that cause harm or create a serious risk of harm such as emotional abuse, exploitation, physical abuse, sexual abuse as well as the failure of a family or paid formal caregiver to provide an elder under their care with basic needs leading to neglect or abandonment (Jogerst, Daly, Brinig, Dawson, Schmuch, & Ingram, 2003; Lachs & Pillmer, 2004). Emotional abuse, also referred to psychological abuse, includes threatening, intimidating, and belittling an older person. Name calling, swearing at, and treating the older adult as a child are also forms of emotional abuse (Callaghan, 1998).

Acording to Callaghan, (1998). Exploitation is commonly associated with various forms of financial abuse including but not limited to the misuse or stealing of the older person's money or belongings. It can also include fraud, forgery or extortion, and the misuse of the authority granted by the older person through a Power of Attorney Physical abuse is the hitting, slapping, pushing, or confining of older persons against their will (Callaghan, 1998). Sexual abuse, the act of any sexual contact without the consent of an older adult, is sometimes also included under the category of physical abuse (Callaghan, 1998). Nerenberg (2000), emphasized, neglect, both willful and passive. Willful neglect occurs when a personal or paid caregivers purposefully withholds the necessities of life from their charges. These necessities can include, but are not limited to, food, medication, functional aides, appropriate shelter, clothing and contact with others. Passive abuse is when someone who is responsible for the care of an older person neglects to provide that care. This type of neglect can arise because caregivers do not understanding the scope of their roles or simply because they do not pay adequate attention to the needs of an older person. The argument that neglect needs to be willful to be considered abuse has met much debate over the years. It is believed that untrained, over-burdened caregivers often provide inadequate care but it cannot be considered abuse because there is a lack of intent to harm. It is also argued that labelling these caregivers as abusers would be counter-productive and discourage them from seeking help with their responsibilities (Nerenberg, 2000).

Gerontological: the scientific study of aging and its effects e.g. Sociological

Geriatric: is the medical care of older adults in relation to senior citizens: relating to the diagnosis, treatment, and prevention of illness in senior citizens. Geriatrics: The Team Approach

Geriatrics is known for its team approach to caring for older people and supporting their families and other caregivers. The geriatrics care team may include but not be limited to any or all of the following professionals:

Geriatrician, Nurse, Physician assistant, Social worker, Consultant pharmacist, Nutritionist Physical therapist, Occupational therapist, Speech and hearing specialist, Geriatric psychiatrist

These professionals evaluate the older person's medical, social, emotional, and other needs. The team also focuses on health concerns common in older people such as incontinence, falls, memory problems, and managing multiple

chronic conditions and medications. The geriatrics team: Evaluates the patient's social supports and living situation, Considers the person's ability to perform daily activities such as bathing, dressing and eating and gives special attention to patient preferences and values in care planning

Classic example of a conjecture and the poverty divide in Global Gerontological presentation in geriatric intervention as a new institutionalize forms of elder abuse for a careful social work praxis in Nigeria

Gerontological presentation of Life expectancy in Nigeria according to international estimates, is 46.94 years; by comparison in Switzerland it is 80.85 years (one of the countries in the League of Developed nations). In Malaysia, a nation which gained independence at about the same time as Nigeria, life expectancy is 74 years (UNICEF, 2005).

If we are to use this presentation in geriatric intervention in Nigeria, we would be accused of methodological inaccuracy and situational inconsistency in the sense that there would have been no or few elders in Nigeria in the first place hence the nonexistence of Elder Abuse as a social problem

Prevalence, Risk Factors and Elder Abuse Presentation of Gerontology in Sub-Sahara and Global Divide in Geriatric Care

The scope of elder abuse has been a subject of interest and speculation since the problem was recognized. Inconsistent elder abuse definitions, underreporting due to shame or fear of retaliation, and lack of a universal assessment tool are just a few factors that contribute to the wide range of elder abuse prevalence estimates in the literature. Recent research shows that elder abuse may be twice as common as previously thought (Anetzberger, 2012) and less in Nigeria when compared with elder abuse in the global west.

Laumann, Leitsch and Waite (2008) found that 9% of community-dwelling elders reported verbal mistreatment; 3.5%, financial mistreatment; and 0.2%, physical mistreatment. Data analysis also revealed more verbal mistreatment for women and those with physical disabilities, and more financial mistreatment for some ethnic groups and those without a spouse or intimate partner. The National Elder Mistreatment Study revealed past-year prevalence of emotional mistreatment to be 4.6%; physical mistreatment,

1.6%; sexual mistreatment, 0.6%; current potential neglect, 5.1%; current financial exploitation by family, 5.2%; and lifetime financial exploitation by a stranger, 6.5%. Excluding financial exploitation, about one in ten respondents reported at least one form of past-year mistreatment and 1.2% reported two or more forms. Data analysis further indicates that spouses or intimate partners were more likely than adult children to perpetrate most forms of elder abuse (Acierno et al., 2010).

In Nigeria, must communities are not in the same community-dwelling elders conditioned as the same to report verbal mistreatment as the one reflected in the above research. Must elders in Nigerian communities are under the insecurity of Kidnappings, Insecurity, Boko Haram insurgencies and terrorism, Rural-Urban rift

Two studies discuss elder abuse in various care settings. Page, Conner, Prokhorov, Fang and Post (2009) found that care setting had an impact on the type and rate of elder abuse, particularly high rates across all types of abuse in nursing homes, high rates of verbal abuse in paid home care, and high rates of neglect in assisted living situations. Schiamberg et al. (2012) found that elders in nursing homes experienced physical abuse by staff at least once, including restraint and sexual abuse.

In Nigeria, all these have to be treated with care by social workers in the sense that, Nigeria's elder abuse is neither…in various care settings to have an impact on the type and rate of elder abuse, particularly rates across all types of abuse in nursing homes, paid home care, and assisted living situations. At least several times, including un-restraint sexual abuse by Boko Haram and Fulani herdsmen.

Risk Factors

Research has explored risk factors for elder abuse, including victim, perpetrator or situation attributes which may contribute to the incidence of elder abuse (Barker, 2000) victim, perpetrator or situation attributes in Nigeria is different in the sense that victim, perpetrator and situation attributes to elder abuse are government neglect on elder care in its social development and welfare policy.

The National Elder Mistreatment Study found varying risk factors for different types of elder abuse, particularly that elders with physical disabilities were at higher risk for financial abuse, while elders with low

income and poor health were more likely to experience neglect (Acierno et al., 2009).

In Nigeria, financial abuse are perpetrated by government by not paying its senior citizens their gratuities and pension. Most of them became physically disable in the cause of incessant authentication of frivolous screenings by corrupt government ministries who wants to divert the stipend of deceased senior pensioners.

The above study also found that unemployment, mental illness, and substance abuse were risk factors for caregivers, making them more likely to perpetrate elder abuse (Acierno et al., 2009). Significant risk factors from early literature continue to receive support from research, such as lack of social support for the victim; social isolation of the victim, perpetrator or both; perpetrator substance abuse or other pathology; poor behavior (e.g., aggression, socially inappropriate actions) on the part of the victim as perceived by the caregiving perpetrator; and poor or declining health or functional capacity for the victim. (Anetzberger, 2012, p. 17), Barker (2000)

In Nigeria, elders seems to have a rather strong social support system considering the traditional social support system from strong network of extended family network so, it is no longer social isolation of the victim but, governmental isolation as a perpetrator or non; on the part of the victim as should be carefully perceived by the caregiving worker; and poor health care services rather than a declining health condition of the victim as against the dysfunctional or functional capacity for the victim

Consequences

Research on the consequences of elder abuse has focused on mortality, economic loss, and emotional, psychological and behavioral impact. Dong et al. (2009) found that mistreated elders had a higher mortality rate than no mistreated elders. Baker (2009) similarly found that elderly women who experienced physical and verbal abuse were at a higher risk for mortality than elderly women who did not. Rovi, Chen, Vega, Johnson, and Mouton (2009) found that abused elders were three to four times more likely to be discharged to a nursing home or other facility than to homecare or self-care, suggesting that institutionalization may also be an outcome of elder abuse.

Nigeria's consequences is as diverse in the sense that, Nigeria does not have good record keeping of Research on the consequences of elder abuse that

focuses on mortality, economic loss, and emotional, psychological and behavioral impact. Talk more having a data bank on mistreated elders that have a higher mortality rate than the ones not mistreated elders as Baker (2009) posited in the above.

Similarly women in Nigeria whether elderly or not experienced physical and verbal abuse and at a higher risk for mortality and not only elderly women whom must not even leave long to see their old days these days. Nigeria have no National Committee for the Prevention of Elder Abuse and any Center for Gerontology at any university that offer geriatric courses hence we have no count of annual losses to victims calculated at billion naira's in any particular year, talk more of monitoring its decrease. Nigerian nursing homes are not wired for elder care or other facility to homecare or self-care, suggesting the institutionalization of elder abuse in a completely new way from the ones experience in the global north.

THE SCOPE, NATURE AND CHARACTER OF ELDER ABUSE CHALLENGES IN THE SUB-SAHARA REGION

There are nor Senior-Friendly Emergency Room in institutions with medical social work departments like the hospital setting. Thus, a trip to the Emergency Room (ER) are not there for seniors requiring specialized care talk more of have to spend a lot of time in the ER, they have a greater chance of developing delirium—serious mental confusion that can sometimes lead to difficulty thinking and remembering. It can be particularly difficult for older adults, who often have a number of health problems and take multiple medications. Because ERs tend to be noisy and hectic, older people can feel overwhelmed.

Countries within the sub-sahara region have no ER staff with specialized training in the care of older adults: Nigeria does not have Geriatricians with advanced training in caring for older people. Nurses, physician assistants, and other members of the healthcare team do not also have advanced training in geriatrics. These professionals are important members of the ER team because older people may respond differently to medications and other treatments than younger people do. Geriatrics health professionals are well aware of these differences but these global differences have continue to divide practice in Nigeria.

Second, Countries within the sub-sahara do not have within its medical setting structure a geriatric professional at its hospital client could confidentially speak with about advance directives. Advanced directives are legal papers that explain what kind of end-of-life care a person wants, and doesn't want. For example, in an advanced directive an older person may note that he does not want to be kept alive with a respirator—a device that can breathe for you if you can't breathe on your own

Third, Countries within the Sub-Sahara suffers from the poverty of help that make triage less stressful for older people Triage is a standard system for deciding which patients at an ER get treated first. With triage, patients who need care the most get treated first. But the patient who gets care the most in Nigeria, Tanzania, Uganda etc. wither old or young are the upper class patient that are unable to go abroad. Because ERs are often busy, waits can be long for those who don't need immediate help. This is a double big problem in the sense that there is absence and lack of awareness for ERs.

Countries within the Sub-Sahara do not have ERs so elderly client suffer from "transitions of care" that older adults go through after they reach the ER. This is in the sense that, between the time they reach the ER and the time they return to their home, older adults may be moved to new locations several times. For example, they may be transferred to an Intensive Care Unit (ICU), to a hospital room, to a rehabilitation facility, and back to where they live. With each move (care transition), patients get care from different healthcare providers. However, research shows that older people who go through fewer transitions are given fewer inappropriate medications and have better health outcomes

Medical social work praxis within the Sub-Sahara region do not use medication reconciliation and full pharmacy reviews. These practices lower the chance that an older patient will get incorrect medications, or medicines at the wrong doses. Medication errors are the most common medical errors. Many of these errors can be avoided with regular medication reconciliations. These reviews involve making a complete list of a patient's medications, and then comparing that list with the list of medications in the patient's record. Pharmacy reviews involve creating a complete and correct list of the current medications a patient should be taking, every time the patient moves from one healthcare setting to another—such as from the ER to a hospital room to a rehabilitation facility.

Changes in family structure within the Sub-Sahara region is one character area that social workers within the region needs to handle with local praxis. This is so in the sense that, care of older relatives is a value which is culturally rooted and highly respected, but there is an observable progressive shift in function away from the traditional family, due to economic problems, migration and influence by foreign culture

Another scope, nature and character of elder abuse within the Sub-Sahara region to contend with is the care provision for older people: For example, the Nigerian government as it were with other governments within the region and political leaders believe that the provision of care is the responsibility of families rather than Governments responsibilities hence the popular sayings of "*government cannot do it alone*" nomenclature. Policy emphasis is more on young people, women and children. This makes social workers attempt to providing support of services and ongoing family support in the context of case management, advocacy and follow up difficult.

The scope, nature and character of elder abuse in Nigeria social policy and old age reflected in the Contributory Pension Scheme (insurance) that has been reformed does not cover many older persons, and is mainly designed for those who work(ed) in the formal sector, has yet to make appreciable impact on the lives of older people. Social workers in Nigeria must take this factor very serious especially in their Outreach and Identification or elder abuse as a social problem.

The scope and nature of elder abuse in Nigeria is characterized by a relatively uniquely an institutionalized elder abuse and neglect. This is evident in the legal framework that, there is yet no law on elder abuse. Creation of awareness of abuse as a public health and social issue has been intensified since the first World Elder Abuse Awareness Day took place in most major cities in Nigeria in 2006. But little is known about the abuse of elders in Nigeria especially within the complex and diverse minority populations of the country, though research is increasingly focusing on risk and prevalence factors in particular ethnic and cultural and traditional populations reminiscent to Anisko (2009), study of elder abuse in American Indian communities.

At the moment there is no Social Security Scheme policy in old age. The Contributory Pension Scheme with 7.5% contributions paid by the employer and another 7.5% by the employee affect only those in the formal sector

Artisans, farmers, fishermen, commercial drivers, etc. are not included in any organized scheme of social security in old age except those with individual investments in form of shares, stocks, bonds

Not only is this population rapidly growing like Nigeria, but they also experience a higher prevalence of chronic diseases such as obesity, diabetes, and cardiovascular disease than white elders just as is the case with not necessarily rich or healthier but ignorant elders in Nigeria which could be either wealthy or poor but ignorant.

A common theme throughout various countries of the sub-regional tribes just as it is in other minority ethnic tribes is that they are of a culture that reveres the elderly in their communities (Anisko, 2009; Smyer & Clark, 2011). Nigerian Elders are the carriers of the culture, holders of wisdom, and strength of the community. They assist in raising children considering the high rate of youth unemployment and teenage pregnancy, teach languages, customs, and ceremonies, and often comprise leadership groups of spiritual leaders, healers and council chairs. Elder status is often based on life experience, wisdom, and respect from the community just as (Anikso, 2009) had lately observed. (Anisko, 2009) Research suggests that significant elders suffer from definite or probable physical mistreatment. This percentage does not include other types of abuse such as psychological abuse, financial abuse or neglect, and it is therefore likely to be an underestimate of overall elder abuse. Factors that have been found to contribute to elder abuse in Nigeria includes but not limited to… caregiver substance use and psychological illness, marital conflict/domestic violence, financial dependence of the caregiver on the elder, poverty, multiple caregivers, and medication noncompliance. Furthermore, because mistreatment of an elder is contrary to the cultural role expectations, it may often go unreported out of shame and guilt (Anisko, 2009).

Arai (2006) examined elder abuse in Japanese culture. Confucian principles of filial piety, which emphasize providing for aged parents, have a long tradition in Japanese culture. The younger generation, however, adheres less to it than the older generation just as younger generations in Nigeria, adheres less to folktales, wisdom and other non-material and material culture from the older generation. Surveys indicate that the incidence of physical abuse and neglect were highest in home settings. elder abuse especially neglect happens in Nigeria because of forced and push migration for the need for

rural youth move to the Urban centers in search of greener pastures and not because they rationally wanted to neglect their elderly ones back at the rural areas. It is difficult, however, to obtain a true prevalence due to the fact that it is important in Nigeria like the Japanese culture to keep family matters private. Researchers note that the Japanese are tolerant of family violence and that abusers tend to be under a high level of stress (Arai, 2006). The difference with assessment in Nigeria would be that abusers are not seen to be under a high level of stress as Ibid (2006), puts it but are generally stereotyped as possessed or wayward.

As support for traditional Nigerian values and norms are shifting towards industrialization and urbanization, it is a truism that the elderly are no longer guaranteed the same prestige, power and care within the family but, economic impact devaluations prestige, power and care industrialization and urbanization ranking of the human development index. This means that elder abuse in Nigeria is socially located in economic rather than social located in cultural facture in the wake of social change. These shifts are likely to have affected perceptions of elder abuse in the Nigerian culture in relations to global assessment of the same problem. For example, Arai (2006) found that Japanese tend to consider physical aggression and neglect as elder abuse, suggesting stress caused by conflicting expectations among Japanese families. They also consider "not taking care of elderly parents" as extreme elder abuse, reflecting filial responsibility (Arai, 2006). Whilst in Nigeria, the same could be because of socioeconomic responsibilities

most would refused to disclose their own experiences of mistreatment due to strong cultural norms of shame, face-saving and keeping family problems within the family, Nigerian elders identify and define elder abuse as financial and psychological abuse occur more frequently than physical abuse and neglect in this population, with sons typically as financial abuse perpetrators and daughters-in-law as responsible for psychological abuse. These are consistent with the concept of filial piety, which also has a strong influence in some ethnic cultures in Nigeria. Filial piety dictates that the oldest son live with his parents and that his wife perform the household duties. Some Nigerian elderly parents tend to be much more critical of daughters-in-law because of their inferior status in the family. The finding that daughters-in-law were named as perpetrators more frequently than any other family members may be due perceived deviation from traditional expectations

(Chang & Moon, 1997). Hudson and Beasley (1999) which deeply varies in Nigeria.

Life expectancy in Nigeria according to international estimates, is 46.94 years; by comparison in Switzerland it is 80.85 years (one of the countries in the League of Developed nations). In Malaysia, a nation which gained independence at about the same time as Nigeria, life expectancy is 74 years (UNICEF, 2005). This means that the nature, scope and character in the age bracket that constitute the issue for the life of an individual to reach 80.85 years to actually experience elder abuse or not in Nigeria is highly cut short by Life expectancy in Nigeria itself. So we cannot posit about a social problem condition that does not exist or exist in a completely new form, from the people that define the old issue as a social problem needing social work intervention in the first place. Over 70% of Nigerian elderly citizens live below the poverty line (International benchmark is $1.5 per day), and Nigeria is ranked 156th out of 187 countries in the world ranking of nations using the Human Development Index (UNDP, 2011). Meanwhile, Nigeria has earned close to $450 billion since 1970 on oil receipts alone. Between May 1999 and June 2008 alone, the country earned over $205 billion (Cited by Wokoma, 2008) with high percent of elder abuse. The snag is that in Switzerland, only 7.4% of the elderly population is below the poverty line compere to over 70% of Nigerian elderly citizens who live below the poverty line (International benchmark is $1.5 per day) The nation's Misery Index is on a persistent rise. Indeed, a Preston curve on income distribution in the world indicates that Nigeria is one of the three poorest nations of the world, where more than 80% of the population earn less than $1 per day (Egwu, 2007).

The difficulty in conducting elder abuse research in Nigeria is that those who are at the greatest risk and suffering the greatest amount of abuse are often the most isolated and thus vulnerable. In Nigeria it is a rare occurrence that this group of seniors are available to tell their story because the abuser will often keep them away from the outside world as advanced by the works of (Comijs, Smit, Pot, Bouter & Jonker, 1998; Walsh, Olson, Ploeg, Lohfeld, & MacMillan, 2011).

Even if members of this even more vulnerable group had the opportunity to participate in any researcher at all, there is a likelihood that they would be reluctant to report their actual circumstances for fear their abuser would retaliate or abandon them (Callaghan, 1998).

Language is yet another limitation in conducting any meaningful study of elder abuse in Nigeria because in order for seniors to participate, they have to be able to read and write English, as must survey in Nigeria does not give in to any other language. Even though the new global definition of social work gives an overarching principles of social work respect for the inherent worth and dignity of human beings, doing no harm, respect for diversity and upholding the first, second and third generation rights with second generation to socioeconomic and cultural rights that include the rights to minority language rights multiply found in Nigeria.

GLOBAL GERIATRIC DIVIDE: A NEW OPPORTUNITY FOR CAREFUL SOCIAL WORK SUPPORT PLAN PRAXIS IN THE SUB SAHARAN REGION

Global Geriatric Divide in Life Expectancy Rate in the Sub-Saharan region

The global west experience better social welfare services for elderly people. As such, life expectancy rate is higher in the global north as against the global south which experiences none of the foregoing. As such, issue of elder abuse is of particular concern in the global north as the number of older adults is increasing faster than in the global south (Lee & Kim, 2003). For example, the Korea National Statistical Office (KNSO) reported that the proportion of individuals aged 65 and older comprised 7.2 % (3,394,896) of the total population in 2000. The proportion of this age group is projected to reach 24.1 % (11,898,705) by the year 2030, and will reach almost 40 % (15,793,405) by the year 2050. Furthermore, the portion of the population aged 85 and older (oldest-old) is dramatically increasing in South Korea. The oldest-old population has grown more rapidly than other age groups of South Korea (KNSO, 2005a). In 2000, only 0.37 % of the total population in South Korea belonged to the oldest-old population, but in 2050, approximately 8 % of the population is expected to be older than 85 years.

In the Sub Saharan Region the opposite seems to be the case… for example, Nigeria Demographics Profile 2018 (NDP) reported that the proportion of individuals aged 65 and older comprised 3.13% (male 2,825,134/female 3,146,638) of the total population in 2017. The proportion of this age group is projected to reach less than 20% by the year 2030, and may not likely reach almost 40 % of its total population by the year 2050. Furthermore, the portion of the population aged 85 and older (oldest-old) is dramatically decreasing in Nigeria as more people die relatively younger. The oldest-old population has

degreased more rapidly than other age groups of countries faring better in welfare. In 2000, only 1.2 % of the total population in Nigeria belonged to the oldest-old population, but in 2050, approximately 10% of the population is not expected to be any older than 85 years.

The above suggest that, as social workers, this indices should guide them in developing support plan structure for the elderly, help developing issues in social work education curriculum for geriatric social work and above all, help shape the construction of Nigeria's social development policies from an inform position.

Global Geriatric Divide in the Definition of Elder Abuse: New Challenges and Opportunities in the Sub Saharan region

First, the conceptual narrative of the word geriatric; as the medical care of older adults in relation to senior citizens is seen in some quarters as offensive term because it depicts an offensive term meaning showing the effects of age and not necessarily in relation to the diagnosis, treatment, and prevention of illness in senior citizens. This divide is beginning to permeate global practice to local practice.

Second, since the problem of elder abuse was first identified in a British scientific journal as "granny bashing" (Burston, 1975) and described in an American social service journal as "parent battering" in the late 1970s (Butler, 1975), a mass of literature has dealt directly with abuse or neglect of older population (Bonnie & Wallace, 2003; Sijuwade, 1995; White, 2000). In company with the significant increase in publications, most of the elder abuse literature has consistently discussed the problem of definitions, which is a lack of consensus concerning a standard definition (e.g., Choi & Mayer, 2000; Giordano & Giordano, 1984; Gordon & Brill, 2001; Hudson, 1994; Kim, 2003; Payne, 2002; Payne & Cikovic, 1995; Pedrick-Cornell & Gelles, 1982; Penhale & Kingston, 1997; Sayles-Cross, 1988; Schiamberg & Gans, 2000; Whittaker, 1995; Yan & Tang, 2001).

Third because of a lack of agreement on the definition of elder abuse, many studies have been conducted with different standards to address the problem of elder abuse in domestic settings (Gordon & Brill, 2001). As a result, there are considerable limitations on comparing findings of many elder abuse studies (Gold & Gwyther, 1989; Payne, 2002). In addition, this lack of uniformity in the definition of elder abuse makes it difficult to have reliable

estimates of the prevalence of elder abuse (Hudson, 1994; Kim, 2003; Payne, 2002). Furthermore, Wolf (1988) pointed out that the definitional inconsistency has hampered program developments of intervention and prevention for elder abuse cases.

Fourth, little agreement regarding the conceptualization of elder abuse is partially due to the multi-dimensional and heterogeneous aspect of elder abuse, in which elder abuse can refer to quite diverse phenomenon of elder mistreatment rather than just one phenomenon (Lithwick, Beaulieu, Gravel, & Straka, 1999). Definitions of elder abuse could be different according to the purposes and the focus of research. For example, while social work definitions are generally related to prevention and intervention, legal definitions are mainly associated with the aspects of legal rights (Ayres & Woodtli, 2001). Additionally, research-oriented definitions of elder abuse could be different than practice-oriented definitions (Fulmer & O'Malley, 1987).

Through using the general definition of elder abuse and the major types of elder abuse, some consensus is recently emerging in the past controversial area of definitions of elder abuse (Lachs & Pillemer, 2004). That is, most practitioners and researchers on elder abuse have employed general definitions and several forms of elder abuse to address prevalence, risk factors and effective interventions for elder abuse.

Many researchers prefer to use general definitions for a consensus on the definitions of elder abuse, rather than try theoretically to conceptualize or numerically to operationalize the definition of elder abuse. For example, White (2000) defined elder abuse as "any intentional action or nonaction that would cause harm to an elderly person (p. 21)." Wolf (2000) also described elder abuse as "an all-inclusive term representing all types of mistreatment or abusive behavior toward older adults (p. 7)." Accordingly, Dimah (2001) named "any deliberate action or inaction which causes harm to an elderly person (p. 28)" elder abuse.

Most of literature on elder abuse has actively employed major types of elder abuse instead of using definitions of elder abuse, and there is widespread consensus on the several types of elder abuse (Choi & Mayer, 2000; Gordon & Brill, 2001; Saveman & Sandvide, 2001; Schiamberg & Gans, 2000; Schofield & Mishra, 2003; Yan & Tang, 2001). Review of previous elder abuse studies provides five major forms of elder abuse such as physical abuse, sexual abuse,

emotional or psychological abuse, financial exploitation, and neglect (Baumhorer & Bell, 1996; Dimah & Dimah, 2002; Kim, 2003; Lachs & Pillemer, 2004). Physical abuse refers to "actions done with the intension of causing physical pain or injury (Lachs & Pillemer, 2004, p. 1264)." This type of elder abuse includes, for example, "hitting, slapping, restraining, molesting, biting, burning, pushing, or pulling (Gray-Vickrey, 2001, p. 37)." Psychological or emotional abuse is the infliction of "anguish, pain, or distress through verbal aggression, threats, intimidation, insults, humiliation, and harassment (Choi & Mayer, 2000, p. 8)." Financial exploitation includes "the illegal or improper exploitation and/or use of funds or other resources (Wolf & Pillemer, 1989, p. 18)." Sexual abuse is "engaging in nonconsensual sexual contact with an elderly person (Dimah & Diamh, 2002, p. 558)."

Finally, neglect refers to both the failure by a caregiver to fulfill his or her caregiving obligations and the failure to provide adequate care for the older person's own health or safety (Gordon & Brill, 2001).

Global Challenges in comparing the Prevalence of Elder Abuse Results in the Sub Saharan region

Many estimate research on the prevalence of elder abuse has been conducted across countries (Yan & Tang, 2004). Prevalence studies are useful because these studies can suggest an empirical rational that elder abuse should be recognized as a serious social problem (Wolf & Pillemer, 1989). In addition, the findings of the prevalence studies provide substantial information for deciding private or governmental funds and give empirically based evidence for the need of social work intervention programs (Bonnie & Wallace, 2003). The most frequently cited estimate in the U.S. reported that about 3.2% of the older population had been abused in domestic settings (Pillemer & Finkelhor, 1988). This study has historically and methodologically important meaning, because the survey employed a random sampling method to non-institutionalized adults aged 65 and older who lived in a metropolitan city in America. Accordingly, structured questionnaires and standard criteria for physical abuse, psychological abuse and neglect were used. The researchers found that 2.0 % of the older respondents experienced physical abuse, 1.1 % experienced verbal aggression, and 0.4 % experienced neglect.

In Canada, a national prevalence study on elder abuse reported prevalence rates of: 1.1 % for verbal abuse, 2.5 % for material abuse, 0.5 % for physical

abuse, and 0.4 % for neglect (Podnieks, 1992). Pittaway and Westhues (1993) surveyed older adults who used social services and found much higher prevalence rates in Canada: 14.3 % for physical abuse, 14 % for verbal abuse, 20 % for financial abuse, and 14 % for neglect. In a survey in Britain, the results showed prevalence rates of: 5 % for verbal abuse, 2 % for physical abuse, and 2 % for financial abuse (Ogg & Mumm-Giddings, 1993).

Additionally, in Australia, a national longitudinal study on women's health interviewed 12,000 women aged 70 to 75, and estimated that 1-6 % of the respondents experienced psychological abuse and 1-4 % were victims of coercive behaviors such as physical abuse (Schofield, Reynolds, Mishra, Powers, & Dobson, 2002). In a recent research for Dutch elders in Amsterdam, results showed that prevalence rates were 3.2 % for verbal aggression and 1.2 % for physical abuse (Comijs, Pot, Smit, Bouter, & Jonker, 1998).

A large population prevalence study in Japan also found that 5.3 % among 5,918 elder respondents with disabilities suffered from neglect, interference or abuse (Kato et al., 2005). Neglect or interference was found in 58.7 % of the abuse cases, physical, emotional and financial abuse in 19.7 %, and a composition of abuse types in 21.6 %. The researchers also revealed that the elder abuse prevalence had increased as compared with one year before. In a recent national study in South Korea, Cho and her colleagues (2000) found that prevalence rates were 0.3 % for physical abuse, 7.7 % for psychological abuse, 2.1 % for financial exploitation, 2.5 % for neglect and 1.0 % for the other types of elder abuse.

Lastly, in Hong Kong, Yan, and Tang (2004) interviewed a total of 276 elder Chinese and reported that prevalence rates were 26.8 % for verbal abuse, 2.5 % for physical abuse, and 5.1 % for violation of personal rights. Estimate studies across countries have reported prevalence rates of elders who are abused by their family members. In particular, previous research on the prevalence of elder abuse has shown varied results, which range from about 2 to 20 % annual incidence.

Results of most of these studies are difficult to compare in any significant interpretation due to the following several methodological reasons (Gold & Gwyther, 1989; Thomas, 2000): First, the lack of agreement with the definition of elder abuse has made it difficult to operationalize the concept of elder abuse. Second, many prevalence studies on elder abuse include relatively different types of elder abuse. For example, Pillemer and Finkelhor

(1988)'s study considered physical abuse, emotional abuse and neglect. Pittaway and Westhues (1993)'s survey included physical abuse, verbal abuse, financial abuse and neglect. Third, using different populations and sampling approaches also contribute on the difficulty for comparing findings of studies. Schofield and colleagues (2002)'s study recruited 70-75 old women who lived in communities, and Pittaway and Westhues (1993)'s study interviewed only older adults who used formal services.

Additionally, some studies employed a random sampling method (e.g., Pillemer & Finkelhor, 1988) and other studies used a purposive sampling method (e.g., Cho et al., 2000; Yan & Tang, 2004). Fourth, the health status of the respondents could be related with the prevalence rate of elder abuse. For example, the prevalence rate of elder abuse in Japan is much higher than other countries because only older adults with disabilities were recruited for the survey. Lastly, used research design could also affect the prevalence of elder abuse. That is, while some studies employed cross-sectional design (e.g., Comijs et al., 1998; Kato et al., 2005; Ogg & Mumm-Giddings, 1993), other studies employed longitudinal design (e.g., Schofield et al., 2002).

Global Geriatric Divide: Risk Factors for Elder Abuse

For the last few decades, extensive literature on elder abuse has focused on the search for risk factors. The terminology "risk factors", instead of "causes" is generally used by researchers and practitioners because most of past studies employed different methodologies (Ansello, 1996; Schiamberg & Gans, 1999). Research on risk factors for elder abuse is fairly important due to two practical reasons: (1) an understanding of risk factors for elder abuse is essential for professionals to identify older adults at high risk of abuse, and (2) finding significant risk factors for elder abuse is needed to develop prevention and intervention programs (Anetzberger et al., 2000; Choi & Mayer, 2000; Comijs et al., 1998; Shugarman et al., 2003; Wolf & Pillemer, 1989). Previous studies on elder abuse have found numerous risk factors, which generally fall into the two categories such as characteristics of the perpetuators and characteristics of the victims (Bonnie & Wallace, 2003; Comijs et al., 1998; Kim, 2003; Wolf & Pillemer, 1989).

There is also a Global Geriatric Divide: Cumulative "caregiver stress," versus the unrelenting needs of a dependent older person (Nerenberg, 2002). (Zarit & Toseland, 1989). (Nerenberg, 2002). (Paveza, Cohen, & Eisdorfer, 1992)

(Coyne, Reichman, & Berbig, 1993). (Pillemer & Finklehor, 1989; Wolf, 1998). (Klein, Tobin, Salomon, & DuBois, 2007) (Otto & Quinn, 2007). For instance, in elder abuse the clients are referred to as "victims;" in domestic violence the clients are referred to as "survivors." These different perceptions of especially in women may contribute to distinctly different views of the women and their needs for particular services. A victim may be viewed through a more paternalistic lens and regarded as needing others to make decisions about care. Use of services such as reducing stress in the home through respite services or home health services or movement to assisted living facilities may be recommended. A survivor may be regarded as someone possessing a resilience to move toward a state of independence and freedom from the abuse. Services in the form of crisis intervention, safety planning, or temporary stays in shelters may be indicated.

The same discrepancies in perceptions of the women's needs for services may be further perpetuated by the initiation of reports. Older abused women are often afraid or unable to report to elder abuse agencies on their own. Often, the reporters of elder abuse are mandated by the state to inform adult protective agencies of suspected abuse. Reports may also be voluntary from non-mandated reporters. National Center on Elder Abuse (NCEA) regulations state that reports are to be made on behalf of individuals who are vulnerable due to age (or disability) and are unable to report on their own (NCEA, 2006). It is up to the reporters to determine whether the women are able to report on their own. It is possible that errors in judgment are made, but most states encourage reports that err on the side of the women's lack of capacity than on the assumption the women will report if they wish to obtain help. These reporters are generally health care providers, social service workers, or law enforcement staff. Reporters of domestic violence are often the victims themselves. The problem is that the source of the report and the agency to which the situation is reported may strongly influence the system to which the women are directed. There is little information on the criteria that well-meaning reporters use in choosing which system to issue reports.

There is also the ***Global Geriatric Divide: Health Promotion by Design in Long-Term Care Settings in Elderly Resident Quality Of Life versus Improve Sleep***

(Johnston, 1994). (Dale, Burns, & Panter, 2001). The causes for sleep disturbance among the elderly include medical and geriatric factors as well

as behavioral and environmental factors. Environmental factors that contribute to sleep disturbance among the elderly in Nigeria home include:

- Limited sunlight exposure (Alessi, Martin, Webber, & Kim, 2005)
- Large amounts of time spent in bed (Alessi, et al., 2005)
- Lack of physical activity (Alessi, et al., 2005)
- Nighttime noise (Alessi, et al., 2005; Cruise, Schnelle, Alessi, Simmons, & Ouslander, 1998; Ersser et al., 1999)
- Light (Cruise, et al., 1998)
- •Incontinence care routines (Cruise, et al., 1998).

According to Rahman and Schnelle (2002), simple interventions can address environmental factors that disturb sleep in the home. These include individualizing nighttime incontinence-care routines, implementing a noise-abatement program, and sensitizing and educating staff about the importance of uninterrupted sleep for residents.

There are disconnect and concerned her in the sense that, assessing the effect of such multicomponent interventions on nighttime sleep on nursing-home residents have had variable and inconsistent results (Ouslander, Etel 2006). For Nigeria lacking behind in hospice and nursing homes and other related issues of poor infrastructure and geriatric capacity. For example, in a randomized controlled trial, sleep-disturbed nursing-home residents from four different nursing homes were exposed to an intervention that included efforts to decrease time spent in bed during the day, 30 minutes or more of daylight exposure, increased physical activity, structured bedtime routine, and efforts to decrease nighttime noise and light (Ouslander et al., 2006).

Nigerian elder experience to insomnia is not associated with daylight exposure, increased physical activity, structured bedtime routine, and efforts to decrease nighttime noise and light but to provision of daily needs and the need to see their children and grandchildren knowing that they are faring well. A classic example is my mother. By deductive knowledge therefor, we can make inferences that in a capitalist socio economic system like Nigeria, issues of Health Promotion by Design in Long-Term Care should be home and not institutional Settings in Elderly Resident Quality of Life that Improves Sleep is driven by socioeconomic forces.

THE POVERTY OF GERIATRIC IN SOCIAL WORK NIGERIA AND THE GLOBAL GERIATRIC DIVIDE IN FINDING INTERVENTION STRATEGIES FOR ELDER ABUSE IN THE SUB-SAHARAN REGION

Nigerian Geriatric Social Workers lack in the Competency Scale Discussion and very few if not none would graduate as social worker without completing these assessments. The first section of 10 skill areas is entitled: "Values, ethics, and theoretical perspectives: knowledge and value base, which is applied through skills/competencies.

Obstacles created by bureaucratic idiosyncrasies like absence of age data, lack of resources for older women, or limitations in training of workers must be overcome in order to ensure that women who are the victims of partner abuse have options for their care.

Given the global increase and growing global divide in the number of older adults likely to experience abuse and its associated negative impacts, it is particularly important to develop and implement effective prevention and management interventions in Nigeria. Literature on elder abuse presents a plethora of interventions, the majority of which is descriptive and non-experimental that Nigeria could glean from. But at the same time these recommendations are eclectic for Nigeria. For example… Ploeg et al. (2009) conducted a systematic and critical review in response to the dearth of high-quality primary studies on elder abuse interventions. The researchers found, unfortunately, that the literature offers insufficient evidence to support any particular elder abuse intervention just like we did in this paper that should be a number one careful trade for Nigerian social workers.

Intervention groups receiving education and home visits had higher rates of elder abuse recurrence than did the limited or no intervention control groups. A comparison of different interventions (psych educational support group, case management, legal interventions, and social services) found no statistically significant differences between groups on case resolution. One study examined the impact of a training for at-risk caregivers and found no difference between intervention and control groups (Ploeg et al., 2009). The researchers' findings, or lack thereof, underscore the importance of more rigorous evaluation, as well as new and innovative approaches.

Project CARE evaluated the acceptance and success of intervention strategies in cases of elder abuse and neglect, "success" defined as stopping or reducing abuse and/or neglect or solving identified problem, such as isolation

(Nahmiash & Reis, 2000). The researchers found that the second most accepted and successful strategies, following medical strategies, were those that address the abuser or potential abuser (in this study, the caregiver) such as caregiver education, respite care, family counseling and providing resources. Barker (2000) found that the three best practice models for addressing the most common barriers to service utilization for elder abuse include a multidisciplinary conference team, a volunteer advocacy program, and a victim support group.

These findings are particularly relevant to social work practice and support a social-ecological perspective of elder abuse.

DISCUSSIONS AND IMPLICATIONS FOR NIGERIAN SOCIAL WORK PRACTICE

Women must be able to identify abuse in their own lives and have access to help from multiple systems in order to receive options of a full range of services.

DV and APS programs must eliminate the barriers that older women face in trying to access services.

Workers in different systems must be sensitized to work with issues of domestic violence as well as the specific concerns of older victims.

RECOMMENDATION

First, in the area of Values, ethics, and theoretical perspectives. Social workers in Nigeria most respect diversity among older adult clients, families, and professionals (e.g., class, race, ethnicity, gender. Ad must be capable of Relating social work perspectives and related theories to practice with older adults (e.g., person-in-environment, social justice).

Second, in the area of Senior-Friendly Emergency Room (ERs) geriatric social workers should look out for, be made part of medical setting resource inspection team and also make sure that the following are well in place…

Handrails along the walls

Appropriate wall treatments and lighting

Special reclining examination chairs

Warming blankets

Bedside commodes

These help older people avoid falling while standing or walking.

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Light-colored, non-shiny walls and floors can both boost lighting and reduce glare in an ER. Glare on shiny surfaces can make it harder for older adults to see the edges of pale-colored surfaces. This can cause confusion. At the same time, colors that contrast too much (such as bright blue and bright orange) can make older people feel dizzy. Indirect light that bounces off walls or ceilings can increase overall room brightness without creating glare. Exposure to natural light (such as through windows) can help with recovery in the ER and may help decrease delirium.

These are more comfortable than standard exam chairs. It can also be easier for older people to sit in and get up from these special chairs.

Warming blankets or other devices can help older people warm up if they've gotten too cold. Older adults tend to have more difficulty staying warm than younger people do.

For some older adults, using a standard toilet—or simply walking to the bathroom—can be difficult and may lead to falls. Bedside commodes, which look like a cross between a chair and a toilet, can help. The height can be adjusted so the older person can sit on and get off the commode easily and safely.

Because older adults who have long waits may run an increased risk of developing delirium in the ER. Ask the ER staff if they can move an older person to a quieter, calmer room if they have a long wait. Ask what else they do to make older people's time in the ER less stressful. Nigeria geriatricians should make sure that older people who go through fewer transitions are given fewer inappropriate medications and have better health outcomes

Third, in the area of Assessment Social workers in Nigeria most use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems. One workable way is to administer and interpret standardized assessment and diagnostic tools that are appropriate for use with older adults (e.g., depression scale, Mini-Mental Status Exam) Lwahas (2018).

Fourth, in the area of Intervention, Social workers in Nigeria most establish rapport and maintain an effective working relationship with older adults and family members. Utilize group interventions with older adults and their families (e.g., bereavement groups, reminiscence groups).

Fifth, more so, aging services, programs, and Nigeria's social development policies should be tailored in such a manner to provide outreach and

identification to older adults and their families to ensure appropriate use of the service continuum. Develop program budgets that take into account diverse sources of financial support for the older population as part of a skilled plan support system and clearly identify the availability of resources and resource systems for older adults and their families. Providing support of services helping in counseling the elderly and their families, Developing Support Structures in an ongoing family support in the context of case management, advocacy and follow up

Sixth, to achieve the target of halving poverty by the year 2015 according to the Millennium Development Goals (MDGs) and improving the living condition of older persons in Nigeria there is the need for an urgent redirection and refocus on the issues of ageing in Nigeria and the sub-Saharan region of Africa

Seventh, there is need for tax-relief in respect of maintenance of close relatives such as widowed mothers, or mothers-in-law or relatives incapacitated by old age or infirmity in Nigeria

Eight, obstacles created by bureaucratic idiosyncrasies like absence of age data, lack of resources for older women, or limitations in training of workers must be overcome by Nigerian social workers in order to ensure that women who are the victims of partner abuse have options for their care. Recommendations to address these barriers should include but not limit access to the age of women when they request services.

Ninth, Older women could be routinely referred for services to adult protective services and to workers who have been trained in issues of domestic violence. Respite care and shelters designed for the needs of older women should be developed and funded. Workers from both settings should receive updated training and develop skills in collaboration.

Tenth, Nigerian Social Workers must be trained to understand the complications of domestic violence which include issues of safety, protection, and assessment of risk. Adult Protective Services (APS) workers must be trained to understand the mental health complications of domestic violence and issues of safety and protection, and Domestic Violence (DV) workers need to understand the specific needs of older women, including concerns about mental and physical health, specific responses to loss, and requirements for peer support. Particular needs for policies and programs created without the collaboration of representatives from APS, DV, and those who have

participated as clients within the systems should take precedence in planning for expansion of services. Reporting should become centralized with assistance given to those workers who are reluctant to report due to concerns regarding confidentiality with their clients.

Eleventh, further research needs to be completed and should include women from ethnic minorities in Nigeria. The research must also be geared to include the perceptions of women who have been abused so that they are understood. Geriatric services can then be tailored to meet their needs and perhaps help them to heal as well as resolve the problem of abuse base on individual differences in relations to their social conditions and environment.

Twelfth, *Some Necessary Qualities to Work with Elder Population:*

General Job skills: Ability to triage and assess needs quickly. This is good to prioritization of patients for medical treatment, Ability to work with others, to be knowledgeable about resources, Time management skills

People skills: Caring Honor, Kindness Not focused on own agenda, Observant, approach people holistically

Communication skills: Crisis intervention, Able to communicate via email, Good communication, Problem solving

Knowledge and skills related to elders: Ability to relate to seniors, ability to allow for elder's independence, Understand self-determination, Knowledgeable of the age related psycho-bio experiences of older adults

Thirteenth, Guiding Principles for Nigerian Geriatricians on Caring for Older Adults with Multiple Health Problems: Five essential elements of quality care for older adults with multiple health problems should embrace…

i. Considering patient preferences: The Nigerian clinician should help elderly patients, and sometimes their family or friends, understand their care options and choices. Once they understand these options, the patient and healthcare provider should work together to make decisions that are in line with the patient's preferences, like religion, culture and belief system since Nigerians are very traditional and religious people. Although many patients may choose to make decisions on their own, many will want to include others—such as providers, family, friends, or other caregivers—in decisions.
ii. Considering available medical research: Healthcare providers in Nigerian need to look at the available research relevant to its

context to be sure a given treatment approach is suitable for a specific aged patient. The healthcare provider should also understand how much uncertainty there is about whether the approach is likely to work for older adults with multiple health conditions. When deciding which treatments to choose, professionals and patients should focus on the outcomes that are most important to the patient.

iii. Making treatment decisions based on possible risks, benefits and prognosis: When possible, clinicians should discuss with the patient what is likely to happen—both with and without each available treatment. Among other things, healthcare providers should try to determine, and share with the patient, how long it will likely take to benefit from certain treatments. All of this is useful information for patients who are deciding which treatments are more important to them, and which are less important.

iv. Assessing treatment options: Healthcare providers should keep in mind that older patients are more likely to stop following treatments if they are too complicated, confusing, or burdensome.

v. Optimizing treatments and care plans: Healthcare professionals should try to maximize benefits and minimize risks from treatments within an overall treatment plan. Among other things, they should prescribe non-drug treatments whenever appropriate to reduce potentially harmful drug interactions and other side effects

Fourteenth, Social workers in Nigeria should generate the content for and place demands on their governments in designing social welfare policies the Need for a National Geriatrician Center. This center should be consulted when:

An older person's condition in Nigeria causes considerable impairment and frailty. These patients tend to be over the age of 75 and have a number of diseases and disabilities, including cognitive (memory) problems.

Family members and friends in Nigeria are under considerable stress as caregivers.

Family members and patients in Nigeria have trouble following complex treatments, or dealing with many healthcare professionals for their multiple health problems linking environments for persons with dementia and outcomes, Day and colleagues (2000) identified the following factors as being related to higher levels of orientation:

Concerning insomnia, geriatricians in Nigeria should ensure but not limited to the following

Quiet environments

Use of room numbers and distinguishing colors for resident rooms and doors

Large signs or location maps supported by orientation training for residents (McGilton, Rivera, & Dawson, 2003)

Use of significant memorabilia outside resident rooms (Nolan, Mathews, & Harrison, 2001)

Simple building configuration aided by explicit environmental information (Residents experienced greater spatial orientation in facilities designed around L-, H-, or square-shaped corridors, compared with facilities with corridor designs)

Conclusion

Understanding what social workers know and what areas need to be emphasized is important for developing new and more comprehensive training programs. Based on the forgoing this paper discussed practical global guidelines and local considerations for identifying, preventing and addressing divides in elder abuse for Nigerian social workers. By using a gerontological design, this paper was able to focus on unique experiences and insights of elder abuse in Nigeria and generate new forms of elder abuse as it where with new ideas and considerations for geriatric practice. While some of the factors discussed were applicable to many different populations, the majority of discourses truly highlighted risk factors and cultural factors that are perceived as unique to the elderly population and important to practitioners in Nigeria. The inconsistency, discrepancy and variations across practice as well as with existing research suggests that these divides and findings, particularly the recommendations for developing a locally thoughtful and sympathetic: tactful praxis in relation to the global praxis in elder abuse work, are worth adopting and worth further exploration are discussed in the above

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